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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

NURSING EDUCATOR'S EXPERIENCES IN IMPLEMENTING THE
AMERICAN ASSOCIATION OF COLLEGES OF NURSING'S
ACCREDITATION STANDARDS RELATED TO
CULTURAL DIVERSITY EDUCATION

A Dissertation Submitted in Partial Fulfillment
Of the Requirement for the Degree of
Doctor of Philosophy

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College of Natural and Health Sciences
School of Nursing
Nursing Education Program

December, 2011

This Dissertation by: Molly Kathleen Kuhle

Entitled: *Nursing Educator's Experiences in Implementing the American Association of Colleges of Nursing's Accreditation Standards Related to Cultural Diversity Education*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Natural and Health Sciences in School of Nursing, Program of Nursing Education

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ABSTRACT

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The purpose of this interpretive phenomenological research study was to understand the experiences of nursing educators in implementing American Association of Colleges of Nursing's standards related to cultural diversity education. The goal of the study was to discover nursing educators' experiences of implementing cultural diversity standards into their teaching practice. Fifteen nursing faculty from across the United States agreed to participate and were interviewed. Phone interviews were audio taped, transcribed, and interpreted for meanings. Four themes emerged in implementing standards related to cultural diversity education: Engaging the Learner: Bringing the Guidelines to Life; Faculty's Experiences in the Teaching/learning of Cultural Diversity Education; Getting students to Get It, Racism in Nursing; Owning our Part, and Teaching Cultural Diversity; Do We Really Know What it Takes. The qualitative research findings contributes to the nursing profession through understanding nursing faculty's experiences in implementing American Association of Colleges of Nursing's standards related to cultural diversity education as well as their experiences in teaching cultural diversity education. This research challenges faculty to consider their level of expertise and comfort in teaching cultural diversity education.

It calls attention to the need for university administration to seek out resources to help faculty develop skills in teaching this unique content. It further adds to the body of cultural diversity, nursing education knowledge.

Keywords: cultural diversity, cultural education, multiculturalism, transcultural healthcare, cultural competence.

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CHAPTER I

INTRODUCTION

Introduction and Background

Nurses practicing in today's society need to be prepared to care for patients from diverse backgrounds and cultures and must demonstrate knowledge and understanding of their culture (Narayanasamy, 2003). At a time when we are experiencing increasing cultural diversity, college students, particularly those preparing to work in the health care field, are expected to be more culturally aware as they prepare to enter the workforce. As a result, nursing organizations have dedicated time and effort to addressing the issue of cultural diversity education and the importance of diversity and transcultural health care education for all future health care providers by discussing and developing guidelines regarding cultural diversity education (American Association of Colleges of Nursing, 1998, 2004).

American Association of Colleges of Nursing's (AACN; 1998) *Essentials of Baccalaureate Education* includes background information on the need to update the Essentials document with regard to the globalization of healthcare. The document currently includes the following in regards to diversity education in the nursing profession:

Increasing globalization of healthcare and the diversity of this nation's population mandates an attention to diversity in order to provide safe, high quality care. The professional nurse practices in a multicultural environment and must possess the

skills to provide culturally competent care. According to the U.S. Census Bureau, the nation's minority population totaled 102 million or 34% of the U.S. population in 2006. With projections pointing to even greater levels of diversity in the coming years, professional nurses need to demonstrate an understanding of a variety of cultures to provide high quality care across settings. (American Association of Colleges of Nursing, 1998, p. 6)

Educational standards related to diversity education are relatively new; therefore, the nursing profession needs to develop a better understanding as to how nursing educators are implementing these standards. There is a need to provide health care professionals and students with the education necessary to care for a diverse society. The nursing profession and nursing education in particular, must meet the standards for nursing education. In order to address this challenge, AACN (2008) has developed five competencies entitled End-of-Program Cultural Competencies for Baccalaureate Nursing Education that incorporate the various elements considered necessary to prepare baccalaureate nursing students to care for culturally diverse patients. These competencies include rationale, content, and examples of teaching and learning strategies that are not meant to be prescriptive but serve as a framework for nursing educators as they incorporate culturally diversity education in the classroom. These competencies are enumerated below.

Competency 1: Apply Knowledge of Social and Cultural Factors That Affect Nursing and Health Care Across Multiple Contexts

This competency addresses issues of values, beliefs and practices of cultures that relate to health and illness. Nursing faculty may address content related to acculturation, assimilation, health literacy, and cultural self-awareness. Activities may include the use of case studies that address specific cultural characteristics for selected patients or they

may also choose to have students discuss their own cultural self-awareness. Competency one prepares the baccalaureate nursing student to” demonstrate an understanding of culture and cultural competence in practice” (American Association of Colleges of Nursing, 2008, p. 3).

Competency 2: Use Relevant Data Sources and Best Evidence in Providing Culturally Competent Care

As with most topics in nursing education today, it is vitally important the nursing students access and research relevant data and rigorous evidenced based research when learning about key aspects of the nursing profession. This is also true in preparing nursing students to provide culturally competent care. Possible nursing education strategies include the discussion of practice standards, ethics and research methods and procedures that involve vulnerable populations. Students are often encouraged to conduct cultural or community assessments in diverse communities as well as completing training on the use of human subjects in research, all in an effort to reinforce the idea of using the best evidence in providing culturally competent care.

Competency 3: Promote Achievement of Safe and Quality Outcomes of Care for Diverse Populations

This competency is important as baccalaureate nursing students will work with clients from varying socioeconomic backgrounds. Nursing graduates should be able to assess quality of care for patients and assist in improving and implementing quality improvement plans. The nursing student will need to collaborate with all members of the healthcare team to ensure access to care. This collaboration amongst the healthcare team, patient, and family will help to ensure that all patients, including culturally diverse

populations, have positive healthcare outcomes. Content related to this competency could include information on effective communication, the use of translators, quality improvement and leadership, and management skills. Nursing faculty often have students conduct an interview with a culturally diverse patient, paying particular attention to healthcare practices and beliefs that have a direct effect on one's health and well-being.

**Competency 4: Advocate for Social Justice,
Including Commitment to the Health of
Vulnerable Populations and the
Elimination of Health
Disparities**

Being a patient advocate and ensuring that all patients receive the best care possible is an essential role of the nurse. In dealing with diverse clients and vulnerable populations, it is of utmost importance that the healthcare beliefs and practices of individuals are understood and respected. Thoughtful discussions with nursing students regarding the historical aspects of discriminatory practices of certain cultures and populations offers a good way of introducing this competency related to social justice.

**Competency 5: Participates In Continuous
Cultural Competence Development**

A nursing student does not become culturally competent by attending one course or training session. Being a culturally competent nurse is an ever evolving, life-long learning process. Nursing faculty need to provide the foundation of cultural competency in baccalaureate nursing education and encourage students to continue to explore and learn about cultures in their nursing profession. Exercises that discuss personal bias and worldviews provide a good introduction to cultural competency development. Students can participate in role play situations in which racism or stereotyping take place. These

role playing activities are designed to help nursing students prepare for real life situations that they might encounter in practice.

In summary, cultural competence is an on-going process that needs to be discussed and implemented in nursing education. AACN's (2008) End-of-Program Cultural Competencies for Baccalaureate Nursing Education provides a framework for nursing faculty to integrate aspects of cultural diversity education into the classroom. To effectively prepare baccalaureate nursing students to provide culturally competent care, not only do nursing faculty need to add content into their curricula but the nursing department needs to create and promote a learning environment that supports faculty and students in developing cultural competence.

Theoretical Perspectives

Madeline Leininger's (1991) theory of culture care diversity and universality is applicable to nursing education and practice in a diverse society. This research is loosely based in the theory of transcultural nursing and cultural care in that through Leininger's theory of culture care diversity and universality, an appreciation and understanding of culture is essential. This idea or concept of culture is an essential part of nursing education and in the study of nursing educators' experiences in cultural diversity education.

The culture care theory is a very comprehensive and holistic way to look at the healthcare practices of people from diverse cultures. Leininger's (1991) theory looks specifically at the relationship between health and caring by discovering the meaning and significance of symbols, expressions, and healthcare beliefs. This method of discovery has become the ethnonursing method and is used to study the relationship between

culture and care (Leininger & McFarland, 2006). The goal of cultural care theory is to aid nurses in providing culturally congruent or culturally competent care to patients. Providing culturally competent care is essential for any healthcare professional. An understanding and appreciation for the culture care theory will benefit not only patients but nurses, nursing education, and nursing science.

Providing culturally competent care is essential for the success of any healthcare professional working with diverse clientele. Research into and knowledge of Leininger's (1991) theory of culture care diversity and universality is valuable for nursing education as it may answer questions about the validity and values of the practices educators use to prepare students to care for culturally diverse clients and their families. Expanding the knowledge-base around Leininger's theory and the need for culturally competent care is an evident part of this researcher's project. A phenomenological exploration of the culture care theory and AACN's (2008) End-of-Program Cultural Competencies will ultimately benefit patients, nurses, nursing education, and nursing science.

Phenomenological researchers would argue that this type of qualitative research should not be confined by a theoretical perspective. To be truly open to understanding the meaning of a participant's lived experience, it is important that this researcher not base her research on any one theoretical perspective. Leininger's (1991) theory of culture care diversity and universality is included as an advocate for the need for cultural diversity education and not as a theoretical perspective of this research study.

Statement of the Problem

Cultural diversity and cultural competence may seem like new terms; however, transcultural nursing theory and research have been around for almost five decades. In 1978, Madeline Leininger, developer of the culture care theory, wrote:

If human beings are to survive and live in a healthy, peaceful, and meaningful world, then nurses and other healthcare providers need to understand the culture care beliefs, values, and lifeways of people in order to provide culturally congruent and beneficial healthcare. (Leininger & McFarland, 2002, p. 3)

What is new is the need for nursing educators to effectively demonstrate how they are incorporating cultural diversity education into their nursing education curricula.

Despite efforts to incorporate psychosocial and cultural factors in traditional nursing education, disparities among diverse groups' health status and access to healthcare continue to exist. The 21st century brings heightened awareness of how beliefs, values, religion, language, and other cultural and socioeconomic factors influence health promotion and help-seeking behaviors. (American Association of Colleges of Nursing, 2003, p. 1; Anderson, Calvillo, & Fongwa, 2007).

The healthcare disparities evident in our society need to be addressed in nursing education. Nursing students will be caring for individuals from diverse backgrounds and with unique needs; therefore, nursing students need to be prepared to care for culturally diverse populations. Nursing curricula need to reflect current practices and education related to cultural competency.

Wasson and Jackson (2002) stated, "A total curriculum transformation needs to take place where the critical issues of diversity and multiculturalism are integrated into all aspects of students' academic achievement, social skills development, and relationship with the community at large"(p. 267). This may seem like an overwhelming task to many educators; however, educators of future health care professionals need to start somewhere. Many of nursing's educational organizations have advocated for the

inclusion of cultural content into all nursing programs. A curriculum that includes cultural content has been required for many years by both boards of nursing and accrediting bodies (Caffrey, Neander, Markel & Stewart, 2005). Questions remain as to how and where to include information on multiculturalism and then how to assess it.

Baccalaureate nursing curriculum is often guided by accrediting bodies and developed educational standards. Professional standards and practices are an essential part of ensuring the quality of any profession. These standards should reflect experiences and education necessary for being an effective healthcare provider. There is no one way to meet the standards or Essentials of Baccalaureate Nursing Education. This study sought to add to the research on educating culturally competent health care providers through the experiences of nursing educators in implementing AACN's (2008) standards related to diversity education.

The following research question guided this study:

- Q1 What are the experiences of faculty who have used or are using the AACN End-of-Program Cultural Competencies for Baccalaureate to teach cultural competence to undergraduate nursing students enrolled in undergraduate baccalaureate nursing programs in the United States?

Importance and Significance of the Study

Cultural competence of healthcare professionals, especially nurses and nursing students, is an essential part of education and preparation for working in healthcare today. Nursing educators have the responsibility to effectively educate and prepare nursing students for the realities of current nursing practice. One of the current realities is that society is becoming more and more diverse. Baccalaureate nursing students will care for patients from diverse backgrounds. As educators, it is our duty to ensure that these students will provide safe and culturally competent care (Mixer, 2008).

This research will make a contribution to the nursing profession, specifically for nursing educators. The researcher used interpretive phenomenology and hermeneutics to describe the common experiences of faculty in implementing AACN's (2008) culturally diversity standards into nursing education. Descriptions of these experiences will provide insight into practice that facilitates the use of the standards as well as those that impede its use. This research will further contribute to the body of transcultural nursing education knowledge related to accreditation standards and cultural diversity education.

Limitations of the Study

Bias is inherent in most research. Qualitative researchers try to attempt to identify and publish their biases. This researcher currently teaches coursework on cultural diversity education and believes in the importance of including cultural diversity education in the nursing profession. This bias might have influenced the research study given that the researcher advocates for cultural diversity education and hoped to discover the meaning of cultural diversity education through in-depth interviews with research participants.

Other limitations of the study included the use of telephone interviews rather than face-to-face. Because the geographical location of the participants extended throughout the country, telephone interviews of the participants were conducted for convenience. The use of telephone interviews did not allow the research to observe non-verbal communication of participants such as gestures and facial expressions. These non-verbal cues might have added insight into the participant's feelings regarding their teaching experience.

This researcher chose to only interview participants on the use of AACN (2008) standards related to cultural diversity education rather than other educational guidelines related to teaching cultural competence. The research did not ask participants about the use of the Transcultural Nursing Society's (2010) core curriculum for transcultural nursing and health care; this might also be seen as a limitation to the study.

Definitions

Cultural competence of healthcare professionals, especially nurses and nursing students, is an essential part of education and preparation for working in healthcare today. Cultural competence has been defined in various ways in nursing and nursing research. Most definitions suggest that cultural competence incorporates knowledge, attitudes, and skills that prepare one to work and care effectively for diverse cultures. Cultural diversity or transcultural nursing education involves the preparation of nursing students in providing care to patients that incorporates cultural beliefs and values. The researcher used the definition of cultural competence as outlined in AACN's *Tool Kit of Resources for Cultural Competent Education* (2008):

Cultural competence is defined for our purposes as the attitudes, knowledge, and skills necessary for providing quality care to diverse populations.... Competence is an ongoing process that involves accepting and respecting differences and not letting one's personal beliefs have an undue influence on those whose worldview is different from one's own. Cultural competence includes having general cultural as well as cultural-specific information so the health care provider knows what questions to ask. (AACN, 2008, p. 3; Giger et al., 2007)

Cultural diversity education in nursing can be taught with various teaching methods and/or strategies. Schools of nursing often refer to AACN's (2008) Essentials of Baccalaureate Education when implementing new curriculum into their education programs. AACN is one accrediting body for baccalaureate schools of nursing. This

organization is responsible for developing and defining standards or essentials of nursing education. Currently, AACN does not have a specific standard regarding cultural diversity education; however, they have developed the *End-of-Program Cultural Competencies for Baccalaureate Nursing Education*.

In an interview with Marge Jackman (Personal communication, May 8, 2008), associate director for the Commission on Collegiate Nursing Education (CCNE), she stated, “AACN has as part of its values and mission, cultural diversity.” There is no specific standard that solely addresses cultural diversity. The idea is that nursing programs decide for themselves how they are going to incorporate cultural diversity education into their curriculum. A program is then evaluated by CCNE on whether or not they are incorporating diversity education as they say they are.

When asked, “Is cultural diversity education in nursing programs a standard for AACN? If not, will it be in the future?” Jackman responded as follows:

AACN has as a part of its values, diversity, but they do not have a specific standard themselves, they cannot mandate it in that sense. They look at diversity and cultural competency in nursing schools based on the Essentials document. I do not think AACN will ever make diversity on cultural competency a standard for accreditation. If it became a standard there is a fear that it would become too prescriptive in nature. At one time the Sullivan Commission encouraged AACN to include diversity in their standards, and again, we felt as though diversity was already talked about in AACN’s missions and values statement. The Essentials document allows us to include diversity in the accreditation process. (M. Jackman, personal communication, May 8, 2008)

This researcher defined AACN’s accreditation standards as those delineated in AACN’s *Essentials of Baccalaureate Education* (1998), and *Cultural Competency in Baccalaureate Nursing Education* (2008). Since AACN (2008) does not have a specific standard on cultural competency in nursing education, the research addressed the five

competencies developed by AACN as outlined in the *End-of-Program Cultural Competencies for Baccalaureate Nursing Education*.

CHAPTER II

REVIEW OF LITERATURE

Introduction

Cultural diversity and transcultural health care education in nursing examines one's knowledge of and ability to care for clients with diverse and unique health care beliefs. Much of the literature on cultural diversity and nursing education focuses on the need for healthcare professionals to be culturally competent practitioners. There is no one correct way of preparing healthcare workers or nursing students to be culturally competent practitioners. Research shows that schools of nursing are using a variety of teaching methods and activities to prepare nursing students to care for culturally diverse clients. Immersion experiences, simulation, distance learning, specific courses, and models on cultural care are all aspects of a multiculturalism curriculum that healthcare educators may incorporate into nursing curriculum (Lipson & DeSantis, 2007). The following is a discussion of the literature related to cultural diversity and nursing education, as well as a discussion of hermeneutical phenomenology.

Cultural Competency in Nursing Education

Cultural competence in healthcare is an expectation of both nursing students and faculty. Accrediting bodies require that schools of nursing demonstrate how they are incorporating culturally diversity education into their nursing school's curriculum.

AACN's (2008) *Essentials of Baccalaureate of Nursing Education* state:

The increasing diversity of this nation's population mandates an attention to diversity in order to provide safe, humanistic high quality care. This includes cultural, spiritual, ethnic, gender, and sexual orientation diversity. In addition, the increasing globalization of healthcare requires that professional nurses be prepared to practice in a multicultural environment and possess the skills needed to provide culturally competent care. (p. 30)

Stereotyping, bias, mistrust, and an uncertainty in working with diverse clients can have a profound impact on decision-making and care that is delivered (PacQUIAO, 2007). One's personal beliefs, values, family dynamics, and healthcare practices are an essential component of their healthcare. Healthcare professionals need to address all aspects of a person and their culture in the care that they receive. So how then do nursing faculty and students become culturally competent practitioners? Campinha-Bacote (2006) would suggest that becoming culturally competent does not happen overnight. Cultural competence is an ever evolving process that continues throughout a nurse's career. For nursing faculty to teach cultural competence to students, do they themselves have to be culturally competent?

The assumption has been that faculty members are culturally competent and equipped to teach culturally competent care (Kardong-Edgren, 2007). Kardong-Edgren conducted a study to examine the cultural competency of 170 baccalaureate nursing faculty. Using Campinha-Bacote's (2002) *Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals* (IAPCC-R), the author assessed the level of cultural competence of nursing faculty teaching in BSN programs. Kardong-Edgren found that of the nursing faculty who responded ($N=170$), the mean cultural competency score, measured by the IAPCC-R for all faculty, was 75.72 or culturally competent. Those faculty members who lived in areas with larger immigrant populations were more culturally competent. The study also suggested that faculty who taught

cultural diversity sought out education and activities that would enhance their knowledge of cultural diversity. Kardong-Edgren also stated, “The majority of participants in the study reported that they are teaching cultural content in their nursing programs, although they were not necessarily prepared to do so (p. 366).

How can nursing educators become more educated in cultural diversity? The Transcultural Nursing Society (2010) offers international certification in transcultural nursing; currently however, fewer than 75 nurses are certified. Ryan, Hodson, Carlton, and Ali (2000) reported that there was a serious shortage of qualified faculty to teach cultural competency; 10 years later, there is little additional research that addresses the necessary preparations or qualifications of nursing faculty. Nursing educators can perhaps learn along with nursing students in the journey toward preparing culturally competent practitioners.

Nursing students must be prepared to provide safe and effective care to all populations. Whether enrolled in a cultural healthcare course or in a nursing education course, students might be educated about models of cultural competence. Several cultural competence models might be introduced in nursing education. The Purnell (2002) model for cultural competence organizes aspects of a cultural assessment and includes 12 domains. Educators might choose to incorporate aspects of this model into their courses. Giger and Davidhizar’s (2004) transcultural assessment model includes six domains. Schools of nursing might choose to have students look at one of the domains and address how that domain is appropriate and relates to the course in which they are enrolled. Transcultural models could be used as part of a healthcare course; moreover,

schools of nursing might also use these models as an overlying framework for their curriculum.

Many schools and universities are trying to find a way to prepare students to meet the needs of diverse populations while still meeting the goals and responsibilities of the institution (White, 2003). One nursing curriculum might include courses aimed specifically at the concepts of multiculturalism; while others might incorporate concepts of cultural care in other nursing courses.

Cultural Diversity Education and Teaching Strategies

Both baccalaureate and graduate programs have implemented various methods to educate students about diversity and transcultural health care. Educators at the undergraduate level have incorporated content on diversity and transcultural health care into previously existing courses (Fahrenwald, Boysen, Fischer, & Maurer, 2001; Scherubel, 2001). Many graduate schools of nursing who offer courses toward a transcultural specialization have implemented changes in their curriculum that reflect the diverse clients they will encounter in their practice (Jeffreys, 2002; Yu & Godfrey, 2000). American Association of Colleges of Nursing's (2011) *Essentials of Master Education in Nursing* includes information on the need for cultural diversity education for graduate students. While research shows that educators are aware of the need for diversity education, trying to implement these programs and at the same time meet the goals and responsibilities of the institution can be quite difficult (White, 2003). These changes in the curriculum need to enhance education of cultural diversity and not be addressed as a way to simply meet protocols (Chang, 2006).

Courses on transcultural healthcare are being taught at many universities and colleges in an effort to educate nursing students on the specific cultural needs of clients. Researchers have investigated how to teach cultural care and how to prepare nurses to be culturally competent. From a nurse educator perspective, a question to consider is how educators prepare students to care for culturally diverse clients and their families. These courses address issues of family dynamics, educational background, healthcare beliefs, and cultural values. The content on culture and cultural care is pertinent for nursing students as they prepare to enter the healthcare workforce.

A variety of experiences and courses are being taught at healthcare institutions. These courses and experiences are intended to increase cultural awareness and cultural competence; however, there is little evidence to support that students who attend schools with a multiculturalism curriculum are more or less culturally competent. How can nursing educators and other healthcare professional assess the level of a student's cultural competence?

Not only are schools of nursing integrating multiculturalism into their curricula but colleges of medicine, pharmacy, and other health care fields are also seeing the importance of including a multiculturalism curriculum. The University of Maryland School of Pharmacy has added didactic courses into their curriculum to address the concepts of cultural care. Components of their courses include discussion on health disparities, communication styles, and the importance of providing culturally competent care (Shaya & Gbarayor, 2006). The overlying thought is that all health care professionals need to be able to care for and respond to the needs of all clients.

Schools of education are also addressing the need for their students to be educated about culture. These schools are adding courses to their curriculum that allow students to examine their own personal biases and to reflect on their own life experiences.

Researchers have commented that White, monolingual, middle class teachers' life experiences might differ drastically from their students (Cruz-Janzen, 2004). To address this concern, curriculum including concepts of multiculturalism has been developed and universities have made an effort to increase diversity on campus.

For the past several years, faculty members at San Diego State University have incorporated a cultural diversity activity into their classes called the *cultural plunge* (Nieto, 2006). The cultural plunge is described as an individual exposure to persons or groups different than that of the *plunger*. Faculty arrange for students to meet with persons from diverse backgrounds and experience their culture. There are four plunges in the semester and they must last for at least one hour. Nieto (2006) explains that the important criterion to keep in mind is that students must get involved in an experience that is new to them. A student cannot get credit for an experience prior to taking the course. This type of cultural diversity education can offer students an opportunity to evaluate their own biases, beliefs, and values regarding culture.

Having a course or courses on culture or multiculturalism can improve students' understanding of cultures and increase awareness of self and others. While some health care professionals might be required by their employers to attend a class, meeting, or in-service on cultural competence, these workshops can not include all of the necessary information to fully understand the issues of multiculturalism (Cruz-Janzen, 2004).

Students need time to reflect and understand their own culture and life experiences before they can be expected to understand and appreciate another's culture.

Nursing schools might offer elective courses that cover topics on culture or cultural care. Nursing schools, e.g. the University of Miami, require that their master's degree students take a course entitled Cultural and Behavioral Concepts of Health (Lipson & DeSantis, 2007). Undergraduate courses might focus on healthcare practices, traditions, and beliefs. These courses can serve as an introduction to cultural care and diversity and stimulate conversations about working with diverse cultures in healthcare professions. With the ever increasing demand for clinical placement for nursing students, simulation experiences have become adjunct to clinical experiences. The use of simulation experiences that enhance cultural competence can extend learning from the classroom to the clinical (Boyle, 2007). Faculty members are able to assess how students respond and care for these diverse clients in the simulation experience. This allows for discussion amongst students and faculty on cultural healthcare beliefs and practices.

When faculty members are asked whether a student has improved their cultural competence, many will say they have. Many times, this assessment is done by simply observing the student. Faculty members might believe they can tell that a student has grown by the way the student responds to issues related to cultural competence. Is this the most appropriate way to evaluate a student's cultural competence? Is there a more effective and objective way to measure cultural competence?

Dr. Joseph Betancourt (2007) suggests that medical and nursing professions need to come together to determine a standard approach to teaching and evaluating cultural competence. Dogra, Giordano, and France (2007) interviewed key stakeholders in

medical education in the United Kingdom to examine their beliefs on cultural diversity education in medical schools. Semi-structured interviews of 61 key stakeholders in medical education were asked how they defined cultural diversity and if they believed it should be taught in undergraduate and graduate programs. Many of the participants were uncertain as to how they would define cultural diversity and some were even uncomfortable with how the terms were used. The authors stated, “The findings confirmed that there are different views about the meaning of cultural diversity. Faculty understanding of diversity is likely to influence the level of uncertainty acknowledged or addressed in teaching developed in this area” (p. 6). This mainly qualitative study reflects the need to further understand how to appropriately teach cultural diversity.

Nursing education might also need to consider working with other healthcare professions in discussing cultural competence and assessment. While research shows that many healthcare schools and universities are integrating content on cultural competence into their curriculum, there is not a standard procedure for teaching or evaluation. Cultural diversity education is an important aspect of education for all healthcare providers.

Further discussion needs to take place amongst all healthcare professionals about how to prepare students to be culturally competent practitioners. Lipson and DeSantis (2007) discuss the issue of cultural competence and evaluation: “If attaining cultural knowledge, skills, and abilities is an unfolding process of continuing development, is it more valid to evaluate the effectiveness of teaching cultural competence after program completion when graduates are in practice?” (p. 18S). No one knows the exact answer as how to best prepare students to become culturally competent or to evaluate cultural

competence. More discussion and research need to take place to determine how to best meet the outcomes of cultural competence.

Cultural Immersion Experiences

Immersion experiences offer students the opportunity to examine and participate in the lives of individuals of a cultural group. Both baccalaureate and master's degree students might become involved in an immersion experience. At the baccalaureate level, students are many times under the supervision of a faculty or preceptor. Experiences often occur during a senior-level course or as part of a Community Health Nursing course (Lipson & Desantis, 2007). Immersion experiences of baccalaureate students that occur in the United States might be for a shorter time period to accommodate schedules of undergraduates. Immersion experiences are sometimes arranged for a longer duration and for international study.

Strengths and limitations of immersion experiences are outlined by Lipson and Desantis (2007). The strengths of an immersion experience include the following;

- a) increased student self-awareness of their own health care preconceptions and how their own beliefs, values, practices, and behaviors affect care, interactions with patients, and health and teaching; b) enhanced ability to deal with situational, environmental, and sociocultural factors affecting their clients' health and living conditions; and c) ability to learn from patients and negotiate mutually satisfactory and culturally appropriate interventions. (pp. 16S-17S)

Weaknesses of immersion experiences were related to costs associated with the travel, lack of follow-up in the curriculum, and dependence on the experience of usually one faculty member who is dedicated to planning and implementing the immersion experience

International immersion experiences might last anywhere from a week to a month. This type of immersion experience might require more work on the part of the faculty

member in charge of the experience. Many times, the international immersion experience is not required as a mandatory portion of a class; however, depending on the institution, these hours might be accepted as clinical hours or elective credits.

Caffrey et al. (2005) examined the effect of a five-week clinical immersion in international nursing on cultural competency of nursing students. Seven students were chosen to participate in the immersion experience in Guatemala. Using the Caffrey Cultural Competence in Healthcare scale (CCCHS; 2005), immersion students' cultural competency was compared to other students in their nursing program who did not participate in the immersion experience. Findings suggested that students who participated in the cultural immersion experience gained much more than their peers in the perceived cultural competence. The researchers concluded that cultural competence is an ongoing process that students must choose to continue in their professional lives.

Immersion programs might allow students to experience a culture through a variety of opportunities. These experiences might include working in hospitals, clinics and communities, and observing healthcare practices of the culture. Students might also stay with a family and observe the family dynamics of the culture. Getting involved in cultural rituals, ceremonies, and interactions, are all possible while being a part of an immersion experience.

In a study conducted by two nursing faculty members from the School of Healthcare Studies in The Netherlands, the effect of a short-term immersion experience in the United States on the role development of advanced practice nurses was explored (Maten & Garcia-Maas, 2009). Twenty students enrolled in the master's-prepared, advanced nurse practitioner program were selected for the study. A 21-point

questionnaire was completed three days before and five days after the exchange visit.

The researchers found that along with advanced practice nurses' increased understanding of the broader role of the advanced healthcare professional, the students "being in a minority status during clinical observations gave them an understanding for patients who experience minority status on a daily basis" (Maten & Garcia-Maas, 2009, p. 230).

Furthermore, the researchers concluded that a short-term immersion experience allowed students to gain knowledge and experience about another culture that could not have been acquired from a textbook alone.

A nursing curriculum that involves an immersion experience can provide students with opportunities to become more aware of their own culture, beliefs, and attitudes as well as another's. Research has found that students involved in immersion experiences have an increased awareness of cultures and their healthcare needs (Kollar & Allinger, 2002). Educators need to be aware that organizing an immersion experience for students can be timely and might be costly to the student. While an immersion experience can introduce students to concepts related to cultural care, an immersion experience alone cannot assure one's cultural competence.

Many schools and universities implemented immersion programs for their students in an effort to increase cultural awareness and prepare students for entering the professional world (McElmurry, Misner, & Buseh, 2003; Riner & Becklenberg, 2001; Ryan & Twibell, 2002). Along with increasing cultural awareness, the intent of an immersion experience is to allow students to begin to relate concepts of their own culture with other cultures (Heuer & Bengiamin, 2001). A cultural immersion experience is one

way in which nursing students and current nurses can gain insight and knowledge into caring for diverse clients.

Some researchers suggest that to teach culturally congruent or competent care, it is crucial that students become active learners (Jeffreys, 2006). Cultural care is not necessarily a content area that can be learned solely from a textbook. Caring for diverse clients and families must include knowledge and understanding of the patient's values, beliefs, customs, traditions, and practices. Nurses caring for diverse clients must also be in tune with their own cultural practices and identity to effectively care for clients.

Wood and Atkins (2006) discussed the effects of engaging faculty and students in a short but intensive immersion experience in Honduras. Fifteen nursing students, both undergraduate and graduate, and 10 dental students from Ohio State University participated in the one-week experience. Students spent long days working in clinics, caring for patients from surrounding communities with a diversity of healthcare needs. American students worked with students from the local international school to help with language translation. The experience was mutually beneficial as all students could discuss aspects of their careers and healthcare issues specific to the population.

Several nursing students and nurse practitioner students worked in a labor and delivery unit in Honduras. This experience was eye-opening for students as practices regarding labor and delivery in Honduras are very different from those practiced in the United States. American students needed to be respectful of the Honduran culture while offering services they knew could be beneficial to mothers and babies. American students reflected that this experience allowed them to gain a great sense of appreciation for cultural beliefs and practices. Students who had virtually never left home in the

United States were immersed in a unique and dynamic culture. Faculty discussed that they too were forced to examine their own cultural beliefs and biases. The researchers felt an immersion experience was one effective way to teach cultural competency to nursing students. “A cultural immersion experience greatly impacts the cultural competency and sensitivity of students and faculty alike” (Wood & Atkins, 2006, p. 54)

In caring for others and specifically in caring for clients of various cultures, it is extremely important to assess all aspects of the person. The nurse needs to be aware of healthcare practices specific to the patients’ identified culture. Knowledge is gained from personal experience and patterns of behavior are identified by the nurse and client. Experiencing one’s culture first-hand through an immersion experience is one way to gain knowledge in cultural care.

University Culture

Nursing faculty and students might be prepared and willing to become educated in cultural diversity; however, the institutions in which they teach and learn must provide an atmosphere conducive to this learning. Campinha-Bacote (2006) writes, “Equally important in efforts to standardize cultural competence in nursing education is the need to assess and improve the institutional climate for diversity” (p. 243). Institutional support to fund development opportunities in cultural diversity for faculty, staff, and students is essential in creating an accepting atmosphere for teaching and learning.

Shaya and Gbarayor (2006) evaluated the case for cultural competence in health profession programs. Along with implementing cultural diversity into curricula, the researchers suggested the need for institutions to recruit additional minority health profession students and faculty. Learning is enhanced when faculty and students of

diverse backgrounds come together and “challenge assumptions and broaden perspectives regarding racial, ethnic and cultural differences” (Shaya & Gbarayor, 2006, p. 4).

Furthermore, Shaya and Gbarayor argued that a faculty member’s work and scholarship in the area of cultural diversity, which may include certification in transcultural nursing or research in cultural diversity education, should be valued and recognized in the tenure and promotion process if faculty members choose to make cultural competency their specialty area.

To facilitate the inclusion of culture competence into nursing education, schools need support from administration and faculty interested and willing to teach cultural competency. Pacquiao (2007) stated, “Institutional leadership has a significant role in increasing faculty and student diversity and fostering a sustained commitment to cultural competence education by articulating a clear demand for faculty” (p. 32S). Leaders who are committed to promoting cultural competence of nursing students can help faculty to gain financial and educational resources to improve cultural competency teaching and learning.

With the current nursing shortage of students and faculty, many schools and nursing program leaders have had to rearrange their priorities. Time previously spent on curriculum revision and enhancing student learning is now spent on enrollment management issues (Pacquiao, 2007). Schools of nursing and faculty members need to make a commitment to enhance the cultural competency of faculty and students. A program’s mission and curriculum should reflect its dedication to cultural competency education.

Some schools of nursing may reside in private institutions that foster a liberal arts education. To promote cultural competency education, it is important that not only does the department of nursing value cultural care and cultural competency education but the institution must also support multiculturalism as a part of its mission and philosophy. Aleman and Salkever (2004) discussed the relationship between a multiculturalism and liberal arts education. The researchers conducted a qualitative study of faculty at a liberal arts college and explored their perceptions of the relationship between multiculturalism and liberal arts pedagogy. Findings suggested that certain disciplines found it easier to incorporate issues of diversity into their classrooms. One faculty member stated, “I think that there are some courses in which it’s naturally easier to challenge those cultural positions than other courses. And, I think that that’s where you may see a divide between say the sciences and the social sciences, for example” (p. 47).

Aleman and Salkever (2004) found that colleges and universities need to have more formal and direct assessments of attitudes and beliefs of all faculty about cultural diversity education. To promote cultural competency education in nursing programs, it is important to determine the college’s openness and preparedness for a multicultural curriculum.

Schools and universities need to acknowledge that cultural competency education is necessary for all nursing students. Time, attention, staff development, and financial resources should be given to the incorporation of cultural competency education into schools of nursing. Along with cultural competency education, institutions need to make a valiant effort to increase diversity on campus and enhance the acceptance and inclusion of diverse perspectives in classrooms (Campinha-Bacote, 2006).

Accreditation/Evaluation

To ensure the quality of nursing education programs, schools of nursing must follow certain standards of education and teaching practice. Many schools of nursing turn to the American Association of Colleges of Nursing (AACN) to provide guidance and assistance in offering quality baccalaureate and graduate nursing programs. AACN has been active since 1969 and now serves hundreds of schools of nursing. AACN (2011) defines itself in the following way:

AACN is the national voice for America's baccalaureate- and higher-degree nursing education programs. AACN's educational, research, governmental advocacy, data collection, publications, and other programs work to establish quality standards for bachelor's- and graduate-degree nursing education, assist deans and directors to implement those standards, influence the nursing profession to improve health care, and promote public support of baccalaureate and graduate education, research, and practice in nursing— the nation's largest health care profession. (para. 1)

As part of its organization, AACN works with the Commission for Collegiate Nursing Education (CCNE) to ensure the quality of education programs offered to nursing students. CCNE is responsible for ensuring that schools of nursing are engaging in effective educational practices (American Association of Colleges of Nursing, 2003). AACN's (1998) *Essentials* document outlines the competencies necessary for graduates to practice in the current healthcare setting. The *Essentials* documents also outlines competency expectations of nursing students and helps nursing schools to ensure that they are setting high standards for nursing education and they are following the recommendations of accrediting bodies.

Only those schools of nursing that offer quality education and have a reputation of graduating competent nurses have the distinction of receiving national accreditation (Nursing On-line Education Database, 2011). Schools of nursing curricula must reflect

current healthcare practices. Because healthcare is ever changing, it is important that schools of nursing continually evaluate the curriculum to ensure that their students are prepared to be competent practitioners.

The Essentials of Baccalaureate Education for Professional Nursing Practice (American Association of Colleges of Nursing, 2008) highlights cultural competence in several of the outcome competencies for graduates. The reason for integrating cultural competence in nursing education is to prepare nurses to effectively care for all clients. The accreditation process for any school of nursing can be challenging. Schools need to ensure that they are meeting all of the essentials of baccalaureate education.

AACN (2008) has defined assumptions about baccalaureate education that must be present in order for nursing students to attain cultural competence (see Appendix A). These assumptions include a background in liberal arts education, faculty with necessary skills to teach cultural competency, an environment supportive of diversity, an appreciation for the influence of people's culture on care, and the improvement of measurable outcomes (AACN, 2008). Schools of nursing must address AACN's standards related to cultural diversity education in order to be accredited. This study offers nursing faculty the opportunity to explore their experiences in using AACN's End-of-Program Cultural Competencies for Baccalaureate Nursing Education to teach cultural diversity education.

Hermeneutical Phenomenology

Max Van Manen (2002) describes hermeneutics as follows:

Phenomenology becomes hermeneutical when its method is taken to be interpretive (rather than purely descriptive as in transcendental phenomenology). This orientation is evident in the work of Heidegger who argues that all description is always already interpretation. Every form of human awareness is

interpretive. Especially in Heidegger's later work he increasingly introduces poetry and art as expressive works for interpreting the nature of truth, language, thinking, dwelling, and being. (para. 1)

Benner (1985) described hermeneutics as knowledge coming from everyday activities and experiences: "Human behavior becomes a text analogue that is studied and interpreted in order to discover the hidden or obscured meaning" (p. 58). Because these everyday experiences can be taken for granted, meanings can be unnoticed. The researcher can gain insight into the lived world of the participant through interviews.

Hermeneutic phenomenology offers an alternative to science's traditional approach to research. The need to quantifiably predict and control phenomena has been the dominating factor in research (Guba & Lincoln, 1994). In addition, science, because of its dedication to objectivity, replication, and generalizability, commits to explanation and prediction that tends to close down rather than open multiple paths of understanding (Allen, Benner, & Diekelmann, 1986; Benner, 1994). Smith (1983) says that the contemporary debate between quantitative and qualitative research is about idealism and realism.

According to Neuman (2003), realism exists independent of people. This idea is the basis for subject-object research where knowledge corresponds to truth and is "reality." Conducting research does not affect the object or what or who is being researched. The separation of the researcher from what or who is being researched is only possible within the realist paradigm. There is a focus on objectivity. According to Smith (1983), "From the realist's approach objectivity is the separation of the researcher's values from the object of the research. Knowledge is considered public and

all researchers who use the same methods should get the same answer. Facts are independent of the researcher's values and worldview" (p. 106)

Idealism and idealists believe that reality is constructed in one's mind. Research is a subject-subject relationship because what is being researched is not independent of the researcher. Smith (1983) states that idealists "believe that their view of the world is based on values that guide how research is conducted; objectivity is a social agreement of values and similar interests. Similar results are based on common perspectives, facts and values and intertwined" (p. 106).

Phenomenology does not wish to discredit traditional science. Traditional science has offered great research and insight into the healthcare field. As Benner (1985) states, "Nurses, particularly those doing research, can move away from the imperialist belief in science and the scientific method...to embrace a multiplicity of methods, including the scientific method, that do not violate phenomenological notions of what it is to a person (p. 45). The quest in interpretive phenomenology is not to prove or disprove, not to provide irrefutable evidence, but rather to provoke thinking towards a mystery of what 'is'. In this way, "thinking is my interpretation of coming to understand, which is always/already drawn from all my experiences and conversations with others" (Smythe, Ironside, Sims, Swenson, & Spence, 2008, p. 1391).

Phenomenology as a research method was derived from social philosophy and psychology. Phenomenology was developed from the reflections of Edmund Husserl in the mid 1890s. "Husserl saw pure subjectivity as the foundation for both scientific knowledge and the lifeworld of everyday experiences" (Bernstein, 1983, p. 11). According to Husserl, one's consciousness structures what is experienced (Johnson,

2000). “Our experiences of self and others as well as our interpretations or reflective judgments of them are situated in an absolute subject” (Compton, 1997, p. 205). Husserl suggests that phenomenologists put aside any assumptions about the world, distance oneself from the happenings of everyday life, and return to oneself with a pure consciousness (Paley, 1997). The goal of phenomenology for Husserl is a descriptive, detached analysis of consciousness in which objects, as it correlates, are constituted (Internet Encyclopedia of Philosophy, 2009).

Interpretive phenomenology developed from the philosophy of Heidegger (1962), a student of Husserl, who contended that it’s neither possible nor necessary to attempt to separate one’s experience from the phenomenon being observed and interpreted. Therefore, the aim of interpretive phenomenological research is to create a mutually meaningful account, from both the participants and the researcher, of the phenomenon under research (Price, 2003, as cited in Johnson, 2000). “For Heidegger, the standpoint of humans is to always be involved in the practical world of experience” (Johnson, 2000, p. 136). All things that humans encounter in the world are connected; they are not just sitting out there waiting to be researched. “We continue to interact with people and objects in our everyday existence without thinking about what we are doing until we are stimulated by the unusual” (Conroy, 2003, Article 4).

One key factor of Heidegger’s is that of time. Heidegger believed there was no beginning or end. “Hermeneutics has no beginning or end that can be concretely defined but is a *continuing* experience for all who participate” (Diekelmann & Magnussen-Ironside, 1998, p. 243). Heidegger named this structure *temporality* or being in time. In this sense, human beings are always becoming, “not in sense that one becomes a nurse,

but in a general sense that humans are always constituted by their movement into the varied possibilities of what they could become (Carr, 1987; Johnson, 2000, p. 138).

Heidegger contended that temporality is the condition for the possibility that things will be meaningful to human beings (Heidegger, 1927/1962, p. 38). Things become significant or meaningful when they have interest or concern for oneself.

Conclusion

For students to be prepared to work in a diverse healthcare field, they need to have a knowledge and understanding of cultural beliefs, attitudes, and traditions. Nursing education has responded to this need by incorporating concepts of culture into their curriculum. For nursing educators to be prepared to teach students concepts of culture and cultural competence, they need to understand and be aware of the dynamics of one's culture. The literature suggested that cultural competency and cultural care education is a challenge for nursing academia today (Wood & Atkins, 2006). The literature revealed that the nursing profession, in particular nursing education, is implementing cultural competency into nursing curricula. Faculty might be choosing to add concepts of cultural competency into existing nursing courses or creating courses dedicated to cultural care (Carmichael, 2011; Fahrenwald et al., 2001; Jeffreys, 2002; Lipson & DeSantis, 2007; Yu & Godfrey, 2000).

The literature revealed that there is a shortage of qualified faculty to teach culturally competent care (Campinha-Bacote, 2006; Kardong-Edgren, 2007; Ryan et al., 2000). Furthermore, schools of nursing might want to evaluate the readiness and cultural competency of nursing faculty teaching cultural care. Assessment and evaluation of

cultural competency of nursing students and faculty, along with an assessment of cultural curriculum, needs to be researched further.

Institutional support of cultural competency education is key to educating nursing students in cultural care (Aleman & Salkever, 2004; Campinha-Bacote, 2006; Chang, 2006; Walter, 2002; White, 2003). Programs might have mission statements and philosophies that encourage cultural competency education in nursing; however, the question remains as to whether the institution as a whole values diversity and cultural competency education.

Teaching students to be culturally competent practitioners is not an easy task. The literature revealed several teaching methods educators could use to teach students to be culturally competent including immersion programs, classroom content, and curricular designs. The need to educate and prepare nursing students to provide cultural competency is evident and increasing. For schools of nursing to maintain a reputation for graduating competent practitioners and to receive accreditation, schools must incorporate cultural competency education.

The majority of the current literature on cultural competency and cultural diversity education was cause and effect in nature. The studies outlined in this literature review suggested the need for cultural competence education. These studies also demonstrated the importance of evaluating the effects of this education on nursing student's knowledge of culture and cultural competency. Further quantitative research offers information on the use of various quantitative measurement tools that assess student learning about culture and cultural care.

Qualitative research methods offer researchers the opportunity to present information on a research topic that is more descriptive in nature. This type of research allows researchers to provide an in-depth understanding of a particular human experience. There is very little qualitative research that investigates cultural diversity education strategies specifically examining nursing educator's experiences in implementing AACN's (2008) standards related to cultural diversity education. This research provides an in-depth understanding of the experiences of nursing faculty who are currently using or have used AACN's End-of-Program Cultural Competencies in Baccalaureate Nursing Education to teach culture diversity to nursing students.

It is vital that schools of nursing address the issues of cultural competency and health disparities of individuals in order to effectively prepare nursing students to care for patients in a culturally diverse society. Anderson et al. (2007) state, "Cultural competence education at all levels of formal nursing education programs serves as the most prominent and well-documented nursing effort" (p. 51S)

CHAPTER III

METHODOLOGY

Phenomenological Research Method

The review of the literature demonstrated that minimal research has been done from the perspective of faculty and their lived experiences of teaching cultural diversity. Thus, it is unclear how faculty understand their experience of implementing cultural diversity standards into nursing education and what is meaningful to them about their experience. Having insight and knowledge of nursing faculty experiences in implementing AACN's (2008) accreditation standards on cultural diversity education is beneficial for both nursing faculty and students alike. These experiences of faculty might resonate with nursing instructors who also incorporate cultural diversity into their teaching. Experiences of the research participants might bring to light teaching and learning methodologies that could enhance cultural diversity education.

One of the hallmarks of good educators is the willingness to share new knowledge and teaching methods with colleagues and future educators (Billings & Halstead, 2008). Having current research in areas in which there is limited exploration might help the profession understand current practices and also has the potential for enhancing the knowledge basis of professional nursing. The findings offer information on current educational practices regarding cultural diversity education. It is hoped that these findings will encourage other nursing faculty to explore education methods that could

possibly enhance the education of future nursing professionals. Hopefully, the commonalities found in this research will resonate with other faculty as they review their own teaching methods and explore new teaching strategies.

Therefore, the purpose of this qualitative study was to explore the lived experiences of nursing faculty in implementing AACN's (2008) standards related to cultural diversity education and to describe their common practices and shared meanings.

Interpretive phenomenology provided the philosophical background for the study and hermeneutics was used to analyze the data. Interpretive phenomenology was chosen as the methodology for this research; it attempted to explore and understand the meaning of lived experiences. Interpretive phenomenology is a philosophical way of thinking that has been informed by numerous philosophers including Heidegger, Gadamer, and Ricoeur (Cohen & Omery, 1994; Draucker, 1999; Koch, 1996; Maggs-Rapport, 2001). In interpretive phenomenology, the researcher is "considered inseparable from assumptions and preconceptions about the phenomenon of study; instead of bracketing and setting aside such biases, they are explicated and integrated into the research findings" (De Witt & Ploeg, 2006, p. 216). The interpretive approach is concerned with how people relate to their world and what allows researchers to examine what has meaning in the human experience.

A simple definition of hermeneutics is textual interpretation or finding meaning in the written word. Hermeneutics, as a word, originated from the Greek god, Hermes, whose job it was to communicate messages from the gods to ordinary mortals. Hermeneutics has evolved over time as numerous philosophers and researchers have deciphered its meaning. Schleiermacher, a German philosopher, aimed to understand an

author “as well as or even better than he or she understands himself or herself” (Van Manen, 1990, p. 180). Heidegger (1962) took more of an interpretive turn. The aim was not to re-experience one’s experience but to better understand one’s own way of being in the world.

For Heidegger, “Being” was constantly interpreting things and events even though one might not always know they are doing this. In this sense, interpretation is an on-going event and ever evolving. Our meanings of events and experiences are not created in isolation; they are examined by looking at our relation to others. Because of this, a researcher cannot look at the meaning of one’s experience without looking at the whole person and their world. One single event cannot be separated from its context and involvements. The experience of the person and the meaning of that experience are embedded within the whole of that being. “In this sense, hermeneutical phenomenology as a research methodology is interpretive” (Johnson, 2000, p. 140).

Researchers who engage in interpretive phenomenology seek to understand meanings and significances of experiences. Eliciting stories or narratives of an experience allows the meaning and significance of the story to come to life (Benner & Wrubel, 1989). Interpretive phenomenologists look beyond traditional structures to understand and explain hidden meanings of experiences and relationships. The description of experiences and meanings are intended to “reveal, enhance, or extend understandings of the human situation as it is lived” (Diekelmann & Magnussen-Ironside, 1998, p. 243).

Patricia Benner (1994) described interpretive phenomenology as a set of disciplines in scholarly research that allows for the best interpretation of a text: “The

interpretation must be auditable and plausible, must offer increased understanding, and must articulate the practices, meanings, concerns, and practical knowledge of the world it interprets” (p. xvii). The role of the researcher is to effectively interpret the experience of those being interviewed. There is an attempt to be as open as possible to all meanings and understandings of experiences. The interviewing style is not structured or unstructured. The researcher must be open to the whole experience of the interview while still focusing on the research study.

Data Collection

Selection of Informants

The goal of interpretive, hermeneutical phenomenological research is to develop a rich description of the phenomena being investigated in a particular context (Van Manen, 1997). This researcher chose purposive sampling for the recruitment of nursing faculty for this study. Research informants, nursing faculty teaching in generic baccalaureate programs, were purposefully selected based on the knowledge and experience in cultural diversity nursing education. Faculty members were initially recruited by identifying schools of nursing accredited by the Commission on Collegiate Nursing Education (CCNE). Faculty members from accredited schools of nursing were then contacted through an initial e-mail discussing the research project. The researcher contacted the dean or chair of the nursing program to inquire about faculty who specialized or taught cultural diversity education. The researcher also contacted the Transcultural Nursing Society, through an e-mail, to identify individuals certified in transcultural nursing.

The number of participants was anticipated to be between 15-20 faculty members. This number was chosen based on the methodology used, the researcher’s available time,

as well as the focus of the study. Sample size in hermeneutics can have the same limitations as other research: time, funding, availability, and willingness of the participants. Cohen, Kahn, and Steeves (2000) suggested that the quality of the participant's interviews and texts was more significant to the study than sample size.

Fifteen faculty members from schools of nursing in both the public and private sectors were invited to participate in the study. These participants were chosen to elicit rich, detailed descriptions of experiences with cultural diversity education. The participants were given the informed consent along with the research question at least one week in advance of the scheduled interview. The time between the receipt of the informed consent and interview questions allowed participants to recall specific experiences that were meaningful to them as well as allowing them time to ask questions of the researcher.

Human Subjects Consideration

Approval from the University of Northern Colorado Institutional Review Board was received (see Appendix C). Participants were made aware of their right to volunteer and withdraw from the study at any time. Participants were also informed of the nature of the interview questions and the steps that would be taken to ensure and protect their confidentiality through the informed consent form.

Participants were asked about their experiences as nursing educators in implementing accreditation standards related to cultural diversity education through a phone interview with the lead researcher. These interviews were recorded on an audio tape. They were also asked to participate in follow-up interviews with the lead researcher. Data collection took place via phone conversations and phone interviews.

Face-to-face interviews did not take place as the participants were not in close geographical proximity to the researcher. One disadvantage of the phone interview was the limited personal contact with the participant. Conducting phone interviews did not allow the researcher to interpret other forms of communication such as non verbal cues, which may have allowed for comprehension of questions as well as the addition of feelings in response to their lived experiences.

The lead researcher interviewed each participant from her office at Clarke University in Dubuque, Iowa. The expected duration of participation in the study was approximately three months. Time of participation varied for each individual based on accessibility of researcher and participant. The following research question was asked:

- Q1 What are the experiences of faculty who have used or who are using the AACN End-of-Program Cultural Competencies for Baccalaureate to teach cultural competence to undergraduate nursing students enrolled in generic undergraduate baccalaureate nursing programs in the United States?

Wanting to elicit rich, detailed information, this researcher asked several questions of participants. Sample questions asked of a participant included but were not limited to

- Describe your experience in teaching cultural content to your nursing students using AACN's End-of-Program Cultural Competencies for Baccalaureate Nursing Education.
- Tell me about an experience, one that stands out to you, of what it mean to teach cultural diversity education.

Confidentiality was protected to the best of the researcher's ability by storing any data that could identify the participant, e.g., letters, e-mails, voice recordings, etc., in a locked file cabinet in the lead researcher's office. Participants were not identified by

name during the research process and will not be disclosed later in any publishing of the research findings. Participant voices were recorded but were not heard by anyone who was not directly involved in the research.

There were no perceived risks for participating in the study. However, participants might have experienced anxiety and discomfort while answering questions about his/her feelings and experiences related to accreditation standards and cultural diversity education. The benefits to participating in the research were (a) possible insights into feelings and knowledge of working as a nursing educator and how that related to cultural diversity education, (b) knowing that they have been a part of the process of contributing to the field of knowledge related to diversity and healthcare, and (c) the benefits the findings of the study might bring to others. Along with the initial two research questions, the participants were asked (a) “Describe your experience in teaching cultural content to your nursing students” and (b) “Tell me about a time, one that stands out to you, of what it means to teach cultural diversity education.” The following prompts were also used to facilitate the interview: (a) “Tell me more about that experience,” (b) “I heard you say..., is that what you meant?” and (c) “Can you give me a for instance?” These prompt questions encouraged the participants to offer further detail into their experiences.

As the researcher completed each audio taped interview, it was assigned an identification name and then given to a transcriptionist who had experience in transcribing interviews for qualitative research. The transcriptionist typed the audiotape recordings verbatim. She replaced or deleted any identifying information such as name, place of work, setting, etc., to prevent disclosure of the participant.

CHAPTER IV

DATA ANALYSIS

Introduction

This chapter presents in-depth findings from this research study. Hermeneutical analysis of the data was valuable in understanding the experiences of nursing faculty in implementing AACN's (2008) accreditation standards related to cultural diversity education. Four themes emerged from the transcribed interviews: (a) Engaging the Learner; Bringing the Guidelines to Life; (b) Faculty's Experiences in the Teaching/Learning of Cultural Diversity Education; Getting students to Get It, (c) Racism in Nursing; Owning our Part, and (d) Teaching Cultural Diversity; Do We Really Know What It Takes. Stories and exemplars are shared to illustrate the participants' lived experiences.

Hermeneutical Analysis

This researcher used hermeneutics to interpret the transcribed accounts of the research participants. This data analysis involved interpreting texts for meaning that might not be evident at first glance. Van Manen (1990) said, "Grasping and formulating a thematic understanding is not a rule-bound process but a free act of 'seeing meaning'" (p. 79). Researchers must read, talk, re-read, and think about what the texts are saying. Themes are not simply something or one thing being said again and again but something that is significant, something that matters (Smythe et al., 2008). "This approach to data

analysis is useful in nursing because it reveals meanings whereby the reader gains understanding that was not previously available (i.e., understood) to enrich, challenge, or change practice” (Scheckel & Hedrick-Erickson, 2009, p. 60).

The use of hermeneutics involves the researcher/investigator in reading each transcript multiple times to understand and discuss meanings of the participant’s accounts. This researcher put together an “interpretive team”-- a nursing professor experienced in hermeneutical phenomenology and a faculty colleague who is currently a doctoral student completing her degree in education and leadership--who aided the researcher in the interpretive analysis. This researcher undertook the initial analysis of the texts. After interviews were conducted by this researcher and transcribed verbatim by a transcriptionist, the researcher read the texts to gain an overall understanding of the participants’ experience and to ensure accuracy of the transcription. Common themes were identified and explained using excerpts from participant interviews. This researcher then shared the texts, themes, and interpretations with the research team.

Many authors have discussed the use of hermeneutical analysis in interpretive phenomenology. Crist and Tanner (2003) describe the interpretation and analysis methods in hermeneutic interpretive phenomenology. The authors discuss a five phase process to text analysis. This researcher referenced the phases outlined by Crist and Tanner as a guide in the hermeneutical analysis of the texts. Keeping in mind that the process of hermeneutic interpretive phenomenology is not a linear process, this researcher used the following phases or interpretations to analyze the text, knowing that these phases may overlap (Crist & Tanner, 2003):

- Phase 1: Early Focus and Lines of Inquiry. This phase includes the researcher and team members evaluating the interviewing techniques of the researcher.

Missing or unclear portions of the interview are discussed. Initial findings and discussions may guide the researcher in future interviews to provide a richer and deeper understanding.

- Phase 2: Central Concerns, Exemplars and Paradigm Cases. This phase of the interpretive process includes the research team identifying central concerns, meanings, and important themes that are coming to the forefront for each specific participant. The researcher will write summaries of each participant's central concerns. The researcher can then ask team members to read the summaries to begin discussion and interpretation. The researcher will also write specific exemplars that speak to each participant's central concerns.
- Phase 3: Shared Meaning. In this phase, as each participant's central concerns become clear, the team begins to find shared meaning and experiences in the narratives of participants.
- Phase 4: Final Interpretations. As more interviews are conducted and transcribed, the summaries and interpretive notes are discussed by the team. In-depth interpretation of summaries, central concerns, and interpretations are discussed.
- Phase 5: Dissemination of the Interpretation. The team discusses the main interpretations identified. This phase of interpretation continues to be an iterative process between the narratives, field notes, and team input. Interpretation is developed as the researcher is interviewing, writing and analyzing the texts. (pp. 202-205)

Rigor

To ensure rigor or trustworthiness of the study, this researcher referred to Lincoln and Guba (1985). Lincoln and Guba argued that trustworthiness in a qualitative study supports the idea that the inquiry findings are, "worth paying attention to" (Lincoln & Guba, 1985, p. 290). In qualitative research, four issues of trustworthiness one should pay attention to include credibility, transferability, dependability, and confirmability. Credibility is the confidence in the "truth" of the findings. Transferability means showing that the findings have applicability in other contexts or beyond this research project. Dependability refers to showing that the findings are consistent and could be repeated. Confirmability is the measure of how well the findings are supported by the

data collected or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest.

To address the issues of credibility, dependability, and confirmability of the findings, this researcher put together an interpretive team to help with data analysis. This team consisted of a doctoral-prepared faculty member (who had conducted several phenomenological research studies and could be considered an expert in her field) and a colleague who was completing her Ed.D. in educational leadership with an emphasis on teaching and learning. These two members of the interpretive team worked along with this researcher to verify themes and accuracy of transcribed participant interviews. The team also discussed and evaluated this researcher's interview techniques by reviewing transcribed interviews and the initial thematic analysis, and offered support and guidance throughout the data analysis phase.

Transferability of the information gleaned in this research project was assessed by reviewing this researcher's data analysis procedure. This researcher worked with an interpretive team, took detailed notes on each interview, and kept records of all parts of the data analysis procedures. This record of the data analysis procedure might be useful to other researchers who choose to conduct similar methods of research.

Findings

The researcher analyzed the data after the completion of each interview. Detailed notes were taken with each participant interview. These notes were helpful to the researcher during and after the interview process. The detailed notes allowed the researcher to clarify statements from the participants and also ask for further detail about experiences the participants were reflecting upon during the interview. After the

completion of the interviews, the researcher began to look for themes or shared experiences of participants.

Although the expectations of the interviews were unknown at the onset of the research, interviews progressed smoothly. Faculty who chose to participate in the study had background experience in teaching cultural diversity education. Numerous participants shared their enthusiasm for cultural diversity education during their interviews. The participants were very open to sharing their experiences and were excited to be a part of the research. The additional prompt questions allowed for easy flow of the interview process.

An initial identification of overlapping themes was shared with the interpretive team to begin discussions of the interview process, which is consistent with Crist and Tanner's (2003) interpretation and analysis methods in hermeneutic interpretive phenomenology. After initial identification of themes, the researcher diligently read through each transcribed interview and wrote a summary of findings. These summaries included central concerns, main themes, and exemplars from each participant. The summaries of the participants were sent to the interpretive team for feedback and discussion. After feedback from the interpretive team on the summaries of participants, the researcher re-read the summaries and transcripts thoroughly. The researcher began to see common or shared experiences of the participants.

The process of identifying themes is not a linear process. The researcher pulled out excerpts from the participant's reflections and began with initial naming of the themes. As the data were continually reviewed, exemplars from the participant's experiences were aligned with the shared experiences of faculty and themes were revised.

As the data began to take shape, concrete themes began to emerge from the data and were centered around faculty's reflections on using AACN's standards (2008), nursing faculty's experiences with students in the teaching and learning of cultural diversity education, and faculty's overall concerns and experiences in teaching cultural diversity education. Below is an example of the researcher's initial thematic description of the interviews. These initial phrases and statements are what led the researcher to begin to form the themes.

- AACN's competencies not memorable, dry, difficult to use
- Faculty felt a resistance and difficulty from students in learning cultural diversity
- Anger, frustration, challenging, rewarding, passion
- A ways to go in teaching cultural diversity education (racism, political correctness)

Initial discussion of the themes, stories, exemplars from the participants, and interpretations of the participants' experiences are outlined below.

Theme One: Engaging the Learner; Bringing the Guidelines to Life

This theme emerged from the participants' data patterns on their reflections of using AACN's standards in teaching cultural diversity education. These reflections and experiences correspond to the initial research question that focused on faculty sharing their experiences in teaching cultural diversity education using AACN's End-of-Program Cultural Competencies.

Abby: So I was, in trying to prepare for the course, ...I went to the guidelines from AACN for some structure for some assistance and guidance. And it was good from the standpoint that okay here's the definition and here are the various

theorists that students should be aware of in nursing that developed theories and yet I found myself being really sleepy. Reading through the guidelines and had the thought well, if I'm sleepy, maybe the students are going to be sleepy too. And so, in other words, I thought it was dry and it was boring and I was really struggling with it... And so I remembered a previous faculty member I had worked with who in a graduate course used the "Spirit Catches You and You Fall Down". So I thought that's got to help me. That's got to make this more interesting. That day I went to the local book store and they had a copy of that. I was immediately; I couldn't put the book down. I knew if I couldn't put the book down, then the students would have a similar experience. So I thought this is a great way to help students put the content in the guidelines into context. ... So the guidelines are just dry theory. Dry, disengaged theory. Dry theories that, in which they don't engage with at all. And so the thing you have to do is get them an experience or and make sure that's built in right away but how do you do that. Or you have to get a novel or a film but they saw it as a chore. And that's the unfortunate thing, with an undergraduate nursing student, unless I required a big paper that was going to be rigidly graded or a big test. The test did include that kind of information but it still wasn't enough to bring them along. And I thought that was kind of sad. It was shocking. I was completely disillusioned. Powerfully disillusioned. I've been disillusioned before but never, ever to that extent and with this subject matter.

In describing her use of the AACN guidelines, Abby related that she initially relied on the guidelines to provide her with some direction to help her prepare to teach the course. However, she recognized that, while the guidelines were important in understanding salient aspects of cultural competence, they might not engage students in learning about cultural competence. To overcome her "struggle" with concerns she had about students' responses to content derived and presented from the guidelines, she thought back on a novel another teacher used that she hoped would make the course more interesting. After retrieving the novel and being completely engaged with it, she had a sense that it would likewise engage the students. She especially focused on how it would give the guidelines a context.

Megan: You know, I think some of them; I should pull that up right now, because we're going through our CCNE accreditation right now too, and some of them seemed a little cookbook like. If you really went back, and I know they were developed by people who are experts in this area, but I have a feeling that there

were things that were left in there because people didn't feel comfortable getting rid of them. Their suggestions about how to approach it. It kind of lists certain things about certain groups and it makes me very uncomfortable because I think we're way too global of a population now, where a lot of that doesn't apply anymore. I don't know if it ever really applied. I think it was a little bit left over from our anthropology days and where they were really good at describing a group from that Eurocentric perspective and I don't think our perspective is accurate. I don't use any of the cultural competencies or where they like, I don't use any of the text for my students.

Megan had a similar experience to Abby in that she wanted the guidelines to be real for her students. She mentioned that they were a little cookbook-like, perhaps too prescriptive. Megan also challenged the perspective of those who wrote the guidelines. She almost questioned if the way in which we taught or talked about cultural care was outdated.

Megan: I pull out bits and pieces of them for my own lectures, but I don't have my students buy that because I don't want them looking at lists – And so I think if we're aware of a particular group in an area, I think that's important to recognize. I think there are so many details that are just not valuable to learn because it really depends on what that person's individual experience has been.

She stressed the importance of knowing each individual's healthcare needs, not only certain cultural groups.

Leah mentioned that she used some of the case studies that were suggested in the guidelines. Her way of bringing the information to life for the students or engaging them was to bring in some of her own experiences of others who had done transcultural work.

Leah: They did give some example case studies and I've used a couple of those but more I've used things that were kind of crafted on my experience or those of others who have done transcultural work where I have more of the nitty gritty details of the situation along with, that lets the students grapple with that a bit more.

Tara also mentioned that she had used content from key leaders in transcultural nursing as well as content based on nurses from the Transcultural Nursing Society. Tara

also mentioned how she was trying to integrate the content in her teaching practices so students were prepared for the NCLEX exam. While she had not exactly mentioned engaging her students in the guidelines, she described her attempt to prepare students for the NCLEX or licensure exam, which is meant to prepare students for real life practice as a nurse.

Tara: So I have used various content from key leaders in transcultural nursing and I've used context guidelines based on CCNE, for example, and NCLEX to be sure that I cover what students are going to need to know for NCLEX. And then I also have used other content based on, most recently, the transcultural nurses developed a curriculum. So I've been looking through that and trying to integrate that into my teaching practice as well.

The nursing faculty experiences of using the AACN guidelines expressed in the interviews suggested that perhaps they were finding ways to engage students in learning about transcultural nursing. Like Abby, faculty might choose to tie the information to a book or, like Leah, bring in their own experiences in cultural care.

Dawn mentioned teaching cultural diversity education in a community health course:

Dawn: I did not look at those competencies. I put together the genomics course myself and I did not look at those competencies for that. And honestly, the community health course, I picked up and I changed, I've only been here a year. And they changed it to include diversity, they did not do the homelessness or community outreach that we do to the aggregate populations that I referenced and they did not reference those transcultural competencies in doing that.

Lisa: To be quite frank, I think it's difficult. I think it would be easier if it was a little bit more specific and lengthy in reference to mental health care cut up all over the place, basically. It's kind of in different parts which I understand it has to be incorporated into all patient care but students tell me that it's hard to follow. And it's hard to be able to incorporate that into specific learning assignments. So I think from an undergraduate perspective, it's difficult.

Leah: Well I'm going to preface it by saying I went to one of the workshops they had here in (state) when they were introducing the cultural competencies. I've been teaching at (university) for 7 years that I was involved in. So I think the

cultural competencies are very important. Did I do anything different after going to the workshop? I think what I did was really determine that we should use more of a case based approach. They did give some example case studies and I've used a couple of those but more I've used things that were kind of crafted on my experience or those of others who have done transcultural work where I have more of the nitty gritty details of the situation along with, that lets the students grapple with that a bit more.

Alex: We haven't lifted any of their specific terminology if you will, but what's in the tool kit that's really helpful are their suggestions, or how you teach things. 'cause I've had coursework in it too as a student which also has helped me as an educator. So could have I have done it without the tool kit? Probably. Does the tool kit make it a little easier for me? Yes it has. And I've referred other educators to it as well.

In summary, the nursing faculty participants discussed a variety of teaching strategies used to engage students in the learning of cultural diversity education. The experiences of these participants in using AACN's guidelines varied; they offered honest feedback regarding the applicability and usefulness of the guidelines in teaching cultural diversity education.

Theme Two: Faculty's Experiences in the Teaching/Learning of Cultural Diversity Education; Getting Students to Get It!

This theme emerged from participant's reflections on the second research question regarding a time that stood out to them of what it meant to teach cultural diversity education. Many of the participants recalled the challenge of teaching cultural diversity education and really getting students to understand not only what it is but also its importance in nursing education. Several of the participants referred to wanting to really change students' minds and to make an impact on them regarding cultural diversity education.

Leah gave a name to a group of students that one might consider to be too descriptive and could potentially reveal their identity. I have interpreted Leah's

description of this group of students and refer to them as *White privilege*. White privilege has been defined as “a right, advantage, or immunity granted to or enjoyed by White persons beyond the common advantage of all others; an exemption in many particular cases from certain burdens or liabilities” (Randall, 2010, para. 1).

Leah: I guess, for me, the thing that I’m thinking about is how do I, I don’t want this to sound to hokey, but how do I change peoples’ hearts. Because we have a fairly diverse student population but we have some of our students who are politically conservative. And I would call them, this is my stereotype coming, [White privileged females] Can you get this picture? Really cute. They’ve got nice watches. Probably real diamond studs. And their political views are pretty conservative and very blameful. Of course not where, they don’t quite get it. I’m always looking for how can I structure an experience or tell the story that is gonna get people to learn, how it’s going to help them, not just okay I can spout off information. Here’s this cultural theorist or here is a day on risk, grabbing a bone. But how to really understand. I’m always looking for those moments.

Leah spoke of the need to get students to understand cultural diversity education. She didn’t want them to just recite information she told them but she wanted them to get a deeper understanding of it. Leah explained this as changing people’s hearts. I thought she meant she was really looking for those experiences or conversations that stuck with a student, far after the course had ended. When she said I was looking for a way to get to people, I thought she meant teaching students something that stuck with them, which was impactful.

Leah: But sometimes they come up in the conversation between students in the classroom and I try to capitalize on that so it moves it to a really effective level. Sometimes, you know, everything semester there might be something going on on campus and I tell people oh you may, because I told you I have a list of the time they can go to, and in the vulnerable population they have to visit like five agencies that serve different vulnerable populations. And like we had somebody on campus that was doing a day on, I can’t remember what it was called, the unfinished conversation or something, and this was somebody that was talking about racism in America. And so I said, okay, if you want to go to this, this can count as an agency visit. They’ll say oh, well that’s easier than going off to an agency. So I had students who went to it and it was like, I think it was like two

hours, and the speaker was barely, I didn't hear it. I didn't go. I guess he was quite an activist and he showed preference to people of color during his presentation. He would find out their names and he would refer to them by name. And he would pick on other people and say oh, you're one of them. Talking about my [White privileged] now, one of them. And so students came back into class. Oh, how many of you went to The Unfinished Conversation? They raised their hands. I said what was your experience, because I just wanted to know what happened. And my Latino and Asian members of the class, I had one gay man, they're all quiet, they had all gone, and my [White privileged]. They spoke up and said he was horrible. It was a terrible presentation. He treated people disrespectfully and blah, blah, blah. And then the other people said, one of my Latino students was saying, well actually I think he was trying to share an experience that some of us have had. And my students weren't getting it, so we just kept talking about it. Finally I said to them, do you suppose that he wanted you to understand what it might feel like if you were treated that way. His name was not as important, and he showed preference to men.... when I got the course evaluation, some people, the people that were most troubled by it, wrote about how they had felt in the moment of the conference, the presentation, and then what they had learned about it from reflection and they didn't want to be an instrument like that. They wanted to be sure they didn't create that feeling in another person. That's my hope that I can get to.

Leah described a teaching experience where some students understood how the experience of the speaker related to her teaching. In the same moment, there was a group of students who truly did not get it. Leah did not just give up on those students who did not understand. She kept talking about the experience, hoping for comprehension. When she still did not see the students comprehending the situation, she asked the question, she brought the main point of the experience to the forefront. I believed that Leah did these things in her teaching of students. She engaged the students by acknowledging how they felt, encouraged them to share their feelings, and supported their learning. She could have easily given up on her (White privilege) students who did not seem to get it but she spelled it out for them. She posed the question for them to think about. She really was trying to get the students to get it.

Abby: I thought it was a great thing but what happened was students got angry. We did our informal survey, maybe five or six weeks into the course. I got some

of the most scathing reviews I had ever gotten. Most of them centered on their anger about having to learn about culture in that many weeks was far too much time. I was beside myself. I had always been able to engage students. I had always successful student teacher relationships. I couldn't think. My anxiety level was so high I didn't know what to do. They were criticizing some of the activities saying they were childish. And yet they were all strategies that employed active learning, engagement learning. And when I lectured, that didn't matter either because that was just as bad. They just complained about everything. But they especially complained about having to learn cultural competence and they were actually verbalizing this in writing in these anonymous evaluations. ...I remember the class and I remember the stillness and I know one of the things I had them do was read the definitions. And one of the things the guidelines recommended to help students see the connection between those definitions or concepts. So I had them work in groups and they were actually deciding, I cut all those out, those definitions, and I put them into groups and I had them kind of sort through how were they interrelated and interconnected and what does that mean. I also had them do different kinds of activities that would provoke discussion about cultural competence. Yep and even when you put them in the group, this is lame, why do we have to learn this? This isn't important. So there was a lot of devaluing going on because they didn't understand in the context of having to eventually live it. And so once they had an experience, and it only took one experience, they were better.

In Abby's experience, she was trying to get students to understand and perhaps appreciate the need for cultural diversity education. In her reflection, it seemed as though students did not understand or want to learn about cultural diversity education. Abby seemed to try a variety of teaching and learning activities to engage the students with no avail. It seemed as though that once a student had a clinical experience with culture, they seemed to understand the importance a little more.

Abby mentioned that once students had a real life experience in clinical, they seemed to appreciate their education a little more. Perhaps knowing that cultural competence is an on-going process might help educators feel a little better if they too find it difficult to engage students.

Alex: In class he said, why we have to learn all this stuff. They're here in this country. They should just learn to do things the way we do things. And actually his comment is what made me start thinking about these issues and actually kind

of lead to what my research was. Other things that I've noticed is eye-rolling like, oh geez, here we go again. Kind of that message.

Patty: I had one woman, when I was in the Bafa Bafa, who said I don't want to do this. I think it's stupid to learn about culture after all, when in Rome do as the Romans. I said I'm not telling you you have to do what they do. I'm telling you you just have to know what they do. She was a big woman with a really loud voice and I thought I have to do this correctly. I said this all about better, this was before. This is all about them getting better. In effect that is better outcomes. Ya, she basically was standing me down: "Why do I have to know this?" And it's very interesting cause to my knowledge, I called her a couple times, I really liked her. She was a manager and she was used to having her own way and she didn't want to learn this content.

Alex and Patty spoke of the resistance they experienced with some students in not wanting to learn about cultural diversity education. Patty appeared to be very cautious of how she responded to the outspoken student. She almost seemed surprised that this student would react in this way. She felt as if the student was almost pushing her to see how she would react. Patty wanted to be sure to handle this situation in such a way that perhaps it could become a teachable moment for other students.

Lisa: I think that students, nursing students from my experience, they kind of came into these programs and they become just very, very narrow focused into what they have to do. Passing a test, doing a paper and aren't always willing to expose themselves in a lot of different ways to things that are different or things that make them uncomfortable. Or even things that they have to learn about that are not in the book and then they struggle because they have to kind of get through. So I think that's somewhat of a barrier. Sometimes it takes a special student to really be able to look at the whole picture including cultural diversity and incorporate that into kind of a way of thinking when they walk into a patient's room. What does this patient need from me besides just the basic skill set that a medical nurse has or the basic therapeutic communication skill set that a psychiatric nurse has. And I think that that's sometimes a barrier for students. I think that's a level of maturity and some experience. It's hard for them.

Lisa talked about how students might find it difficult to see the big picture, and understand that they needed to know this information. She mentioned that it might take a certain level of maturity or experience for students to see the big picture. Some might

argue that seeing the big picture might also mean critical thinking. Scheffer and Rubenfeld (2000) defined a critical thinker in nursing as someone who “exhibits these habits of the mind: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection” (Billings & Halstead, 2009, p. 239).

Lisa: They don't want to insult me in any way. They don't want to say you have a scar under your left eye, your skin is discolored, and I'm a blond, blue-eyed, female. I usually pick three other students from the class who are culturally diverse and then have them describe them. I think they struggled with that because it's almost like they're afraid to say this is a Black person or a White person and their skin is lighter than an African American because they're Dominican from the Dominican Republic. It's hard, there's some time of underlying stigmas and prejudices that they bring into this on this level. And I'm always finding that, and that's one of the things we talk about with assessment and mental health issues. You really have to look at what you're looking at and be able to describe that. If I say this person's Black or Puerto Rican. Am I going to get into trouble for this? There is so much of a focus not to be racial slur and not to say something that going to offend somebody that sometimes students don't say it the way it is. The person's Black. That's the color of their skin. How's it different than yours? How is their hair different than yours? They don't want to say their hair is coarse because they're afraid that's going to be taken in negative. But their hair is coarse. The character and assessment of this patient. So it's going to be trying to break that kind of barrier a lot of times.

Lisa continued by saying that the fear of insulting someone or saying something inappropriate might be a barrier to students understanding cultural diversity education. In order to get it or to understand the whole picture, this fear factor must be taken out of the equation. Students need to feel safe discussing their beliefs and opinions in order to engage in the teaching and learning of cultural diversity education.

The nursing faculty reflected upon their experiences in getting students to really appreciate and understand cultural diversity education. Faculty encountered students who were resistant to learn about culture; those students perhaps did not feel safe enough to voice their opinions and beliefs about cultural diversity education.

Theme Three: Racism in Nursing; Owning Our Part

In discussing with faculty their experiences in teaching cultural diversity education and asking if they had anything else they wished to share, several of the faculty discussed the issue of racism in nursing.

Alex: The other thing I found with my own research is there are still racism issues, even in nursing. So that's an area that I feel like we also need to address more clearly and intentionally with our students. ... Another student I had worked at a clinic in (city) it's actually called (name) that their clientele are people from a lot of different cultures, and she came to me and said I'm so upset with what I see. How I see the nurses making fun of and treating these patients disrespectfully just because of their cultural practices. It also made me think, okay there's a good connect between what we're trying to do in education and what practicing nurses are in fact doing as they care for people from different cultures. Well ya, the guy who I gave the example of, the rest of his conversation was I'm in charge on this unit and I have 20 patients I'm trying to take care of and I have to change everything to make sure this one patient from this different culture, has care that they're happy with. That's kind of how he put it. That's not a direct quote but that's the sentiment. So I think, yes, I didn't say it as well as you did but what you're saying is what I'm hearing from my students who are all practicing nurses. And plus the gals that worked at (clinic). I'm pretty sure that that place has had cultural competency training for their staff but in practice, that is not what she was seeing. So there's again, a disconnect between theory, education, and practice. I think that coalesced in my own mind that there's a lot of work to be done on a lot of different levels. And I believe, partially on my own research, part of the issue we have is that we have not as a discipline said, you know what, there are nurses that harbor racist attitudes and that interferes with them being able to provide culturally competent care.

Alex mentioned that in teaching cultural diversity education, nursing faculty also need to be aware that students might confront racism in the healthcare system. Nursing educators might try and do their part to educate students on providing cultural competence; yet some nursing professionals might demonstrate a distinct lack of understanding and respect for different cultures. Thus, part of teaching culturally diversity education to nursing students might also require that faculty prepare them for a profession where they might encounter racism. Part of the role of the nursing educator in

teaching cultural competence might require an honest conversation with students about racism and bias.

Laura: You don't read about it, and I taught both in the South and North and you know you're talking to someone who teaches in {the South}. I know I'm actually a Yankee but it's much more difficult for people to accept it in the South. They become much more defensive about racism and healthcare. I was presenting some content on racism and healthcare and one of the students looked at me and said, where did you get this data, 1950? I said no, actually this is from last year. And I guess I can understand that because when I was writing my article on disparity, it was very difficult to realize that I was writing about myself. And one of the points of my article is that we own this. If we have culpability, we have negligence and the most important thing for us to do is to admit that we're not perfect human beings and to face the research and understand which groups are more or less likely to receive care or to receive one type of care as opposed to the other and to make sure that we read and are informed and are proactive in our organizations to know, is this person maybe getting different care for their asthma because they're of, because they're Black. Is there person less likely to get this information because they're Asian American. I think you'd have to be a little crazy not to be defensive. Nursing is such a personal thing. And basically what you're being told is you're not a good nurse. You have these deficits. You are racist. If you don't just walk up to someone and say, I'm sorry you're a racist. When I was writing the article, it was just the most difficult thing I ever did. I felt anxious and I was restless. Then I just came to the realization that this is okay. I don't know everything. I am racist. I'm not racist in the terrible way but these things I do that I'm not aware of, that I do not do consciously that may get in the way of patient care. And I need to take steps to make sure that I'm assessing myself and my care and to make sure my care is culturally appropriate and that I'm culturally sensitive and that I'm asking the right questions because it's uncomfortable. It seems personal and it is because of the nature of nursing.

Similar to Alex, Laura spoke to the need to confront racism. Laura perhaps examined racism more introspectively. She related to her own struggles with the idea that she was a racist. This self reflection made her anxious and uncomfortable; however, she conveyed it was needed to ensure that you are providing culturally appropriate care.

Megan: Even when we're talking to any of our other support disciplines on the campus and there's a discussion--those kids coming from those schools, they just don't fit in because they're not prepared properly. I think all of that conversation has to be very frank about how we have cultural differences based on where people grew up and how do we as a school address that? If it's in their English class or chemistry class or pharmacology and nursing class. That's not always an

easy conversation to have. We do have races of, you know frank racism, it's not meant to be, and I don't think those individuals would necessarily always admit that they are but one of the things we struggle with the type of school that we are and the area we're in. Even though I think I can see it from the outside as being frank racism, I don't think individuals would admit that about themselves. It's not the Christian thing to do, first of all, but I think its lack of knowledge and lack of self-awareness.

Megan: Yes, students have said things like I never thought of myself as racist before, but I think maybe I am now that I look at some of these things. Again, it's not like we're trying to make them feel guilty about it. The assumption, they'll say things like those people have had opportunities, just like I have. Why haven't they taken advantage of that? I think those are probably the two things that come up as they are going through some of these self-assessments that they just are starting to identify some things that they just always assumed. Which I kind of contribute to those supper table conversations with their own families, so it's based on their own socialization which isn't always based on a lot of facts.

Megan also reflected on the need for students to do some self reflection on bias and racism, as Laura mentioned. She also talked about the need to have a frank conversation about racism. Alex spoke to the need to talk with students about racism and Laura talked about looking at one's own biases. Megan seemed to address the need to look at one's institution or university culture. Perhaps the conversation of racism is not solely the responsibility of the nursing profession. Is this conversation of racism occurring in other disciplines besides nursing?

Julie: And students should be challenged to think outside the box because nurses are absolutely the front line to healthcare. And if we can't get over our own biases and prejudices and if we're not exposed to the benefits of providing healthcare to everyone even the least of these, everyone should recognize that our culture is changing. And if we don't do that, nursing as a profession is going to change and not for the better. And we need to get on the forefront to say we need to be aware of cultural issues. We need to be aware that there's a lot of gray. We need to be aware that culture is everything. Culture runs deep. Culture is in everyday life. Culture, in terms of being part of our everyday lives, it's religion, spirituality, healthcare beliefs and practices, social interaction, and attitudes, death and dying, our birth practices, our child rearing, our personal relationships. All those things are affected because of culture. We need to hold our head up and say we need to look for these things. We need to be sensitive to them if we're going to provide the kind of nursing care that we need to for our changing population.

Julie almost seemed to sum up the experiences of the other individuals. She had a “call to action” regarding cultural diversity education and the nursing profession. Her words promoted a sense of urgency. She mentioned the need for the profession, faculty and students alike, to be aware of culture and all of its underpinnings. She really called the nursing profession to examine and understand cultural care.

The participants’ experiences with students, faculty, and personal bias and prejudices led to the theme of Racism in Nursing; Owning Our Own Part. The faculty addressed the need to examine how the nursing profession plans to deal with the issues of racism.

Theme Four: Teaching Cultural Diversity; Do We Really Know What It Takes?

In closing statements with many of the participants and also when discussing teaching cultural diversity education, many of the faculty mentioned some of their concerns regarding faculty and preparation and experience in teaching cultural diversity education.

Cindy: My experience is one of frustration because I am the only minority faculty. And I don’t ever win. All the faculty come to me with questions about cultural diversity. The faculty would say that culture is an important part in planning care but when it comes to curriculum position, most faculty would not want to have a singular course on culture. And I say, this is central to all those special areas in nursing. I think we have to address this and the resistance may be due to the fact that they don’t have the experience.... There should be training. There should be co-teaching in some way. I have a course that I’ve developed for nursing and social work. We had a cultural competency course and it’s called cultural competency in the health professions. And it was wonderful. I am very frustrated because of the resistance. Our three credit course on cultural nursing was cut down to two because med/surg needed an extra credit.... It’s frustrating but very challenging as well. If culture is not included in nursing, we do not provide holistic care.

Cindy voiced her frustration with what she felt were faculty who were resistant to incorporating aspects of cultural diversity education. She wondered if part of the resistance to cultural diversity education was the lack of preparation or training on teaching cultural diversity. She also felt as though she was all alone as the only minority nursing faculty. She conveyed that the entire faculty would most likely say cultural diversity education should be taught, however, they would not be willing to dedicate a whole course to the topic.

Mary: One of the things I'm probably the most frustrated with right now, I'm certified as an advanced transcultural nurse and... the faculty here, we're redoing our curriculum. And for the last two years I've been involved in curriculum and I cannot get this faculty to come on board with incorporating cultural competence in any intentional way into this curriculum. Faculty all feels like they do it automatically. They feel like it will get incorporated naturally, which it won't. I think some faculty would because they have had overseas experience and things like that, but most faculty, no. I think they don't know what they don't know. But that's probably the most frustrating thing for me is the systems of its incorporated at the undergraduate curriculum. In an intentional way. The faculty, I don't think they think it's that important. I think they think its therapeutic communication kind of. We teach that naturally. I don't think they, I don't think they know what they don't know. The class standards. I don't think they understand about health literacy.

Mary explained a similar frustration with faculty and bought into the importance of cultural diversity education. Cindy described the resistance of faculty in teaching cultural diversity education, perhaps due to lack of knowledge of experience. Mary had a similar sentiment; she felt that the faculty did not truly understand cultural competency. She stated more than once that faculty did not know what they did not know. She really felt as though faculty needed to make a valiant effort in incorporating cultural diversity education.

Allison: I think my biggest frustration is most faculty feel like the they're teaching it when they're still going back to--what's the difference between

African Americans, Native Americans, Asians, ... and they're getting stuck at that knowledge level rather making it pull up to a skill level. Whereas if they just, I think the students get that over and over again and they're really not increasing their knowledge in those areas much. They need to take that then and then apply it. A lot of faculty, that's where their comfort level is. They haven't had a lot of graduate education in cultural competencies and so they, themselves are kind of teaching how they've been taught and they are stuck back with that knowledge. They really haven't had a lot of hands on skills.

Similarly to the previous participants, Allison felt as though faculty really needed some help with teaching cultural diversity education. She felt that faculty were teaching at almost a basic level of comprehension, the level at which they perhaps were taught. She also wondered if faculty really knew and understood what and how to teach cultural diversity education.

Kate: I think there takes, it takes a certain amount of courage and openness and willingness to be able to enter into this process of learning in a culturally diverse manner and to intentionally invite that into the discussions and I mean in one perspective it's very natural and easy because, again, the populations we work with, where we geographically live, are diverse... So I think that's what I mean when I say, openness and willingness and I think, for many of us that practice and teach, it takes courage to be able to step out of any comfort zone that's more familiar... Again that's reflective piece that we have all our students do is to know who you are and to know where you are in your culture. And how you represent your culture or how you how may be perceived to represent your culture. And so I think that's a challenging piece. We all, not only learn from others and learn with others, but we learn about ourselves and who we are in the context of where we are today in this multicultural land that we live in. Another challenging piece I think is in discussions but then again, that's where the reward is...to be able to uphold and invite different opinions and perspectives and hold and contain a very respectful conversation and then finding the similarities that we all share too. I think it's one of the most challenging and rewarding experiences that there are in nursing and I think it takes a lot of attention to also be a participant in the process and to learn as a teacher and to change and grow along with the students.

Laura: I don't really want to sound like a fanatic, I think this is a very important issue and I think one of the reasons why it doesn't get taught and one of the reasons it doesn't get listened to is because of the comfort level, the comfort factor. I think that when you focus on the evidence. You focus on the science, and you realize you're a part of that environment, that's an opportunity for growth. It's an opportunity for learning and that's what I try to make this. I don't

want to beat people up with it. That's not my intention but we only become better when we look in the mirror and we get feedback from the environment. That's what I try to teach. When it comes to teaching to cultural diversity, it's more work, it's not easy, it's a pain.

Both Laura and Kate discussed the comfort level needed of nursing faculty when teaching cultural diversity education. Conversations that take place in the classroom might be uncomfortable and faculty should be prepared for that. Perhaps it is challenging because of the unknowns. There is no one right answer or right opinion when discussing cultural diversity. Laura and Kate conveyed the importance of faculty knowing themselves before they enter this realm of teaching.

In summary, the participants discussed the challenges they encountered in teaching cultural diversity education. Aspects of comfort and experience in teaching cultural diversity had some of the nursing faculty participants feeling frustrated and challenged.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter further discusses the research findings, describes how this research will impact the profession of nursing, the limitations of the study, and suggestions for future research. The lived experiences of nursing faculty in implementing AACN's (2008) standards related to cultural diversity education offered much information about the current practices of nursing faculty. These stories provided the nursing profession with the opportunity to explore and understand the challenge of providing nursing students with the knowledge and skills necessary to provide culturally competent care.

Discussion of Research Findings and Implications

Findings of this research study suggest that nursing faculty have a wide array of experiences in both implementing AACN's (2008) guidelines related to cultural diversity education as well as experiences in teaching cultural diversity education. The participants' experiences offer the nursing profession a forum to discuss issues of student engagement, faculty preparation, and racism in nursing education as it relates to cultural diversity education.

The themes--Engaging the Learner: Bringing the Guidelines to Life; Faculty's Experiences in the Teaching/Learning of Cultural Diversity Education: Getting Students to Get It, Racism in Nursing: Owning Our Part, and Teaching Cultural Diversity: Do We

Really Know What it Takes?--were common among nursing faculty. These themes were consistent with much of the literature on cultural diversity and nursing education.

Engaging the Learner: Bringing the Guidelines to Life

The first theme that emerged from the participants' experiences had to do with student engagement in relation to AACN's (2008) guidelines on cultural diversity education. As with any content in nursing education, there is a need to engage students in the teaching/learning process. Benner (2001) wrote that students learn best when they are able to contextualize content: "Providing them with context-free principles and rules will only frustrate them" (p. 30). Benner also spoke to the current state of nursing education. In a speech at Maryland School of Nursing, Benner (2011) stated, "By focusing on the relevancy of the content and contextualizing it, students are absolutely engaged because they know they are rehearsing for their practice" (para. 6).

Engaging students in the learning process is not a new concept. Billings and Halstead (2009) would argue that engaging students in the learning process is a hallmark of a good educator: "Students must be actively engaged with the information for it to be transformed into knowledge" (pp.285-286). For nursing faculty to bring the guidelines to life, student engagement is necessary.

Faculty's Experiences in the Teaching/ Learning of Cultural Diversity Education: Getting Students to Get It

Similar to student engagement, the participants reflected upon their experiences in getting students to really appreciate and understand cultural diversity education; thus emerged the second theme. Campinha-Bacote (1994) explained that the process of

cultural competence is a journey. Students may not get it or may not get there overnight. Nursing faculty need to know how to handle student resistance and how to help students develop an appreciation for cultural diversity education.

Faculty recalled experiences with students who were resistant to learn about cultural diversity education. Dealing with students who are resistant to learning and those who openly challenge opinions are all part of the role of a nursing educator. King and Kitchner (as cited in Billings & Halstead, 2009) reflected on the role of the faculty stating, “Faculty relinquish some control of the learning situation to the students and actively involve students in reflective thinking, examination of assumptions, and assessing what they have learned” (p. 198). Perhaps some of the resistance faculty perceived students having could be examined with students really thinking about and examining their assumptions and beliefs.

To promote an understanding and appreciation for cultural diversity education, faculty must themselves show an understanding and appreciation. CeCelia Zorn (2010) talked about the needs of students and the faculty’s role. She stated that faculty “must pose interest, not merely pay attention. To pose interest is to affirm, encourage, acknowledge, sustain, support and encounter” (pp. 76-77). It was evident in the interviews with participants that they truly were passionate about cultural diversity education. A passion and appreciation for cultural diversity education is necessary if the profession truly wants to prepare culturally competent and caring practitioners.

Racism in Nursing: Owning Our Part

Cultural competence of healthcare professionals, especially nurses and nursing students, is an essential part of education and preparation for working in healthcare today.

Stereotyping, bias, mistrust, and an uncertainty in working with diverse clients can have a profound impact on decision-making and care that is delivered (Pacquiao, 2007). As faculty reflected on personal bias, as well as that of students and faculty in their stories, the theme of racism in nursing emerged.

In an article discussing the issue of racism in nursing education, Lancellotti (2008) examined the American Nurses Association Code of Ethics. The Code of Ethics for Nurses (ANA; 2001) includes guidelines for practice that incorporate a “respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems” (para. 1). Lancellotti suggested that perhaps the missing word—racism--correlated to the missing conversation on racism in nursing education.

An initial conversation on examining the institutional culture might reveal that conversations on racism need to take place. Aleman and Salkever (2004) found that colleges and universities need to have a more formal and direct assessment of attitudes and beliefs of all faculty about cultural diversity education. To promote cultural competency education in nursing programs, it is important to determine the college’s openness and preparedness for a multicultural curriculum.

Caffrey et al. (2005) spoke to this need to provide healthcare professionals with cultural diversity education. However schools of nursing choose to incorporate cultural diversity education into the curriculum, the fact remains--there is a need to provide health care professionals and students with the education necessary to care for a diverse society. Whether it is from an immersion experience or content in a classroom, basic information about cultures and an awareness of one’s own personal limitations in caring for diverse

clients is needed to promote cultural competence. Billings and Halstead (2009) talked about the importance of nursing faculty knowing themselves and their own biases and prejudices, which could impact their teaching role. Faculty must make a valiant effort to understand how these prejudices can impact their teaching.

Several of the research participants commented on the idea that racism is still present in the nursing profession; until it is addressed and corrected, it may interfere with the goal of developing culturally competent nursing students. Tervalon and Murray-Garcia (1998) stated, “An increase in knowledge without a change in attitudes and behaviors is of questionable value” (p. 119). Nursing faculty can play a role in preparing nursing students to provide culturally competent care but they cannot control the attitudes and behaviors of practicing nurses. The challenge becomes the need to not only provide knowledge but to learn how to elicit a change in attitude.

Teaching Cultural Diversity: Do We Really Know What It Takes?

The stories of the participants spoke to the resistance and perhaps the frustration nursing faculty might feel when they are asked to teach something new or different. Billings and Halstead (2009) suggest that in designing instruction for multicultural learning and teaching, faculty must move beyond just lectures: “Faculty must move from lectures to activity and variety, such as the use of technology, auditory and visual media, materials, case studies, role plays, games, panels, and students’ use of and involvement in real-life experiences” (p. 272)

Participants mentioned that some faculty were having students merely memorize information about certain cultures. There was a feeling that much of the teaching being

done with students was at the very basic level. The nursing profession needs to examine the preparation.

AACN (2008) has outlined a list of assumptions about baccalaureate nursing education that might be helpful in addressing some of the concerns mentioned by the nursing faculty who were interviewed (see Appendix A). Assumptions 2 and 3 speak specifically to faculty and their role in preparing nursing students to be culturally competent:

- Assumption 2. Faculty with requisite attitudes, knowledge, and skills can develop relevant culturally diverse learning experiences.
- Assumption 3. Development of cultural competence in students and faculty occurs best in environments supportive of diversity and facilitated by guided experiences with diversity.

These assumptions suggest that faculty play a key role in the development of cultural competence in nursing students. Faculty need to engage students in the guidelines by bringing in their own experiences. Cultural experiences might help faculty develop relevant and diverse learning experiences for students.

Faculty commitment to organizing and developing cultural courses or projects might depend on their own appreciation and understanding of culture (Pacquiao, 2007). Prior to developing or teaching content on cultural competence, faculty might wish to discuss issues related to cultural competence as a department. Faculty need to determine the method of teaching and learning they will use with their own students. The college or institution needs to stand behind and support faculty as they develop and implement cultural diversity education.

All faculty members, teaching courses on culture or not, need to be aware of and knowledgeable about issues related to cultural competence. Faculty development on cultural competence is one avenue to explore and discuss cultural issues amongst faculty members. Administration needs to be aware of the specific needs of all students, specifically minority students. One suggestion would be for administration to look for resources to aid faculty in skill development related to teaching of cultural diversity education.

Limitations

This study was conducted with interviews of individual nursing faculty participants. Future research could possibly be conducted in a group format. Benner, Stannard, and Hooper (1996) spoke to the idea that conducting research of interviews in groups could allow others members to recall or be reminded of similar situations or stories. Conducting an interview with a group of nursing faculty could call out new stories from the participants.

Understanding the experiences of nursing educators in implementing AACN (2008) standards related to cultural diversity education could also be enriched by interviewing nursing students on their experiences in learning cultural diversity education. Many of the stories of nursing faculty included experiences in teaching and learning of cultural diversity with nursing students. Having stories from both nursing educators and nursing students could be valuable in understanding the accreditation standards related to cultural diversity education. Interviewing students on their experiences related to cultural diversity education and analyzing the common themes of

students could help in further explicating the themes identified in this research study, as well as determine if what students perceive is consistent with faculty experiences.

All the participants in this study were female. This might reflect the current culture of the nursing profession. Having all female participants, however, might have biased the study since only a female perspective was heard. Male nursing educators might have different experiences regarding cultural diversity education and accreditation standards and, therefore, might offer new understandings to the experience.

This research looked at only the accreditation standards and practices regarding cultural diversity education that were outlined by the American Association of Colleges of Nursing (2008). This study did not include guidelines and recommendations for cultural diversity education from any other organization. Including other organizations (e.g., the Transcultural Nursing Society) and their guidelines for cultural diversity education might have offered new understandings of the nursing faculty's experiences.

Contributions to Nursing Education

This research impacted the practice of nursing by making a contribution to understanding the complex nature of teaching culture diversity education to nursing students who will be caring for individuals in our diverse society. It further explicated the use of guidelines and standards related to cultural diversity education and their impact on nursing education. Understanding experiences of nursing faculty in implementing guidelines regarding cultural diversity education might encourage other nursing faculty to begin to dialogue about the role of cultural diversity in nursing education. This dialogue might offer nursing faculty the opportunity to brainstorm teaching strategies related to student engagement, racism, and faculty preparation.

Future Research

This research has provided information on the use of guidelines and standards in cultural diversity education. Future research could be done examining other guidelines and standards for cultural diversity education other than just AACN. An exploration of guidelines and teaching strategies from experts in the field or the Transcultural Nursing Society might offer new insight into cultural diversity education.

Qualitative research that looked at the lived experiences of nursing students in the teaching and learning of cultural diversity education might also be helpful in determining effective teaching and learning strategies to prepare culturally competent practitioners. Research addressing student's experiences in cultural diversity education from students who have had clinical experiences and those who have not had any clinical experiences might offer insight into the connection between cultural competency and clinical experience. This research examined the experiences of nursing educators; while valuable, a student's perspective might also reveal pertinent information regarding cultural diversity education.

Finally, the issues of racism and Eurocentric attitudes in the nursing profession were identified by participants in this study. Future research on how the nursing profession can address these issues seems valid. If the nursing profession is truly interested in providing culturally competent care to all individuals, then we must also examine the practices of nurses in the profession.

Conclusion

This research revealed that while the profession is making strides in cultural diversity education, there are still issues to resolve regarding faculty preparation, bias,

and student understanding. Nursing faculty in this research were both challenged and passionate about teaching cultural diversity education. The challenges addressed dealt with student engagement, faculty preparation and resistance to cultural diversity education, racism in the profession, and guidelines that might need some revision to more easily integrate cultural diversity education. The passion for cultural diversity education was apparent in many of the participants' experiences. This passion might prove to be beneficial as the profession continues to look for ways to improve and enhance cultural diversity education.

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APPENDIX A

**AMERICAN ASSOCIATION OF COLLEGES
OF NURSING ASSUMPTIONS**

Assumptions about Education of Baccalaureate Prepared Nurses to Attain Cultural Competence

As a foundation for cultural competency in baccalaureate nursing education, the following assumptions have guided this effort:

1. Liberal education for nurses provides a foundation of intellectual skills and capacities for learning and working with diverse populations and contexts.
2. Faculty with requisite attitudes, knowledge, and skills can develop relevant culturally diverse learning experiences.
3. Development of cultural competence in students and faculty occurs best in environments supportive of diversity and facilitated by guided experiences with diversity.
4. Cultural competence is grounded in the appreciation of the profound influence of culture in people's lives, and the commitment to minimize the negative responses of healthcare providers to these differences (Paasche-Orlow, 2004).
5. Cultural competence results in improved measurable outcomes, which includes the perspectives of those served.

Source: American Association of Colleges of Nursing, 2008.

APPENDIX B

FIVE PHRASE PROCESS TO TEXT ANALYSIS

Phase 1: Early Focus and Lines of Inquiry. This phase includes the researcher and team members evaluating the interviewing techniques of the researcher. Missing or unclear portions of the interview are discussed. Initial findings and discussions may guide the researcher in future interviews to provide a richer and deeper understanding.

Phase 2: Central Concerns, Exemplars and Paradigm Cases. This phase of the interpretive process includes the research team identifying central concerns, meanings and important themes that are coming to the forefront for each specific participant. The researcher will write summaries of each participant's central concerns. The researcher can then ask team members to read the summaries to begin discussion and interpretation. The researcher will also write specific exemplars that speak to each participant's central concerns.

Phase 3: Shared Meaning. In this phase, as each participant's central concerns become clear, the team begins to find shared meaning and experiences in the narratives of participants.

Phase 4: Final Interpretations. As more interviews are conducted and transcribed, the summaries and interpretive notes are discussed by the team. In depth interpretation of summaries, central concerns, and interpretations are discussed.

Phase 5: Dissemination of the Interpretation. The team discusses the main interpretations identified. This phase of interpretation continues to be an iterative process between the narratives, field notes, and team input. (Interpretation is developed as the researcher is interviewing, writing and analyzing the texts. (Crist & Tanner, 2003, pp. 202-205)

APPENDIX C

**INSTITUTIONAL REVIEW BOARD APPLICATION
AND APPROVAL**

Narrative: UNC IRB Application

- **Purpose**

- The purpose of this phenomenological research study is to understand the experiences of nursing educators in implementing AACN's standards related to cultural diversity education.

- Research Question: What are the experiences of faculty who have used or who are using the AACN End-of-Program Cultural Competencies for Baccalaureate to teach cultural competence to undergraduate nursing students enrolled in generic undergraduate baccalaureate nursing programs in the US?"

Cultural competence of healthcare professionals, especially nurses and nursing students, is an essential part of education and preparation for working in healthcare today. Nursing educators have the responsibility to effectively educate and prepare nursing students for the realities of current nursing practice. One of the current realities is that society is becoming more and more diverse. Baccalaureate nursing students will care for patients from diverse backgrounds. As educators, it is our duty to ensure that these students will provide safe and culturally competent care (Mixer, 2008).

This research will make a contribution to the nursing profession, specifically for nursing educators. The researcher will use interpretive phenomenology and hermeneutics to describe the common experiences of implementing AACN's culturally diversity standards into nursing education. This will further contribute to the body of transcultural nursing education knowledge related to accreditation standards and cultural diversity education.

- **Exempt**

The participants will be asked about their experiences as nursing educators in implementing accreditation standards related to cultural diversity education through a phone interview with the lead researcher. These interviews will be recorded on an audio tape. They may also be asked to participate in follow-up interviews with the lead researcher. Data collection will take place via phone conversations and phone interviews. Face-to-face interviews may take place if the participant is in close geographical proximity to the researcher. Based on the voice recording and the guidelines outline by the UNCO IRB, this researcher feels the research is exempt.

- Research activities that: present no more than minimal risk to human participants, AND involve only procedures listed in one or more of the categories described.

- Collection of data from voice, video, digital, or image recordings made for research purposes.

- **Methods**

- **Participants**

The goal of interpretive, hermeneutical phenomenological research is to develop a rich description of the phenomena being investigated in a particular context (Van Manen, 1997). This researcher has chosen purposive sampling for the recruitment of nursing faculty for this study. Research informants, nursing faculty teaching in generic baccalaureate programs accredited by

CCNE, will be selected based on the knowledge and experience in culturally diversity nursing education. Faculty from schools of nursing in both the public and private sector will be invited to participate in the study. These participants will be chosen to elicit rich, detailed descriptions of experiences with cultural diversity education. Participants will be initially contacted via e-mail to inquire about interest in participation in the study. Nursing faculty e-mail will be found through a search of the school of nursing's faculty directory, or school of nursing webpage.

- **Data Collection Procedures**

Initially, informants will be asked to participate in this study through a letter or e-mail explaining the nature of the research and requesting voluntary involvement. Participants will be made aware of their right to volunteer and withdraw, the nature of the interview questions, and steps taken to protect their confidentiality through the informed consent (attached) process. The researcher may communicate with participants via phone or e-mail to set up interview dates and times and possibly, later to clarify meanings from the interview.

Participants will be made aware of their right to volunteer and withdraw from the study at anytime. The participants will also be informed of the nature of the interview questions, and the steps that will be taken to ensure and protect their confidentiality through the informed consent form.

The participants will be asked about their experiences as nursing educators in implementing accreditation standards related to cultural diversity education through a phone interview with the lead researcher. These interviews will be recorded on an audio tape. They may also be asked to participate in follow-up interviews with the lead researcher. Data collection will take place via phone conversations and phone interviews. Face-to-face interviews may take place if the participant is in close geographical proximity to the researcher. The lead researcher will interview each participant from her office at Clarke University in Dubuque, Iowa. The expected duration of participation in the study will be approximately three months. Time of participation may vary for each individual based on accessibility of researcher and participant.

Interviews of participants will last anywhere from thirty minutes to 90 minutes. Sample questions that you may be asked as a participant may include but are not limited to; "Tell me about an experience, one that stands out to you, of what it means to teach cultural diversity education." (Additional questions attached)

Confidentiality will be protected to the best of the researcher's ability by storing any data that could identify the participant, such as, letters, e-mail, voice recordings, etc, in a locked file cabinet in the lead researcher's office. Participants will not be identified by name during the research process or later in any publishing of the research findings. Participant voices will be recorded but will not be heard by anyone that is not directly involved in the research.

- **Data Analysis Procedures**

This researcher will use hermeneutics to interpret the transcribed accounts of the research participants. This type of data analysis involves interpreting texts for meaning that may not be evident at first glance. Van Manen (1990, p. 79) says, “grasping and formulating a thematic understanding is not a rule-bound process but a free act of ‘seeing meaning’”. Researchers must read, talk, re-read and think about what the texts are saying. Themes are not simply something or one thing being said again and again, but something that is significant, something that matters (Smythe, et. al, 2008). “This approach to data analysis is useful in nursing because it reveals meanings whereby the reader gains understanding that was not previously available (i.e., understood) to enrich, challenge, or change practice (Scheckel, M. 2009, p. 60).

The process of hermeneutics involves the researcher/investigator reading each transcript multiple times to understand and discuss meanings of the participant’s accounts. This researcher will put together an, “interpretive team” consisting of an expert in interpretive phenomenology and a faculty colleague who is currently a doctoral student completing her degree in education and leadership, who will aid the researcher in the interpretive analysis. This researcher will undertake the initial analysis of the texts. After interviews are conducted by this researcher, and transcribed verbatim by a transcriptionist, the researcher will read the texts to gain an overall understanding. Common themes will be identified and explained, using excerpts from the participant interviews. This researcher will then share the texts, themes and interpretations with the research team. (Ironsides, 2003). Many authors have discussed the use of hermeneutical analysis in interpretive phenomenology. Crist and Tanner, 2003, describe the interpretation and analysis methods in hermeneutic interpretive phenomenology. The authors discuss a five phase process to text analysis. This researcher will reference the phases outlined by Crist and Tanner as a guide in the hermeneutical analysis of the texts. Keeping in mind that process of hermeneutic interpretive phenomenology is not a linear process; this researcher will use the following phases or interpretation to analyze the text, knowing that these phases may overlap (pp. 203-205).

Phase 1: Early Focus and Lines of Inquiry. This phase includes the researcher and team members evaluating the interviewing techniques of the researcher. Missing or unclear portions of the interview are discussed. Initial findings and discussions may guide the researcher in future interviews to provide a richer and deeper understanding.

Phase 2: Central Concerns, Exemplars and Paradigm Cases. This phase of the interpretive process includes the research team identifying central concerns, meanings and important themes that are coming to the forefront for each specific participant. The researcher will write summaries of each participant’s central concerns. The researcher can then ask team members to read the summaries to begin discussion and interpretation. The researcher will also write specific exemplars that speak to each participant’s central concerns.

Phase 3: Shared Meaning. In this phase, as each participant's central concerns become clear, the team begins to find shared meaning and experiences in the narratives of participants.

Phase 4: Final Interpretations. As more interviews are conducted and transcribed, the summaries and interpretive notes are discussed by the team. In depth interpretation of summaries, central concerns, and interpretations are discussed.

Phase 5: Dissemination of the Interpretation. The team discusses the main interpretations identified. "This phase of interpretation continues to be an iterative process between the narratives, field notes, and team input" (p. 204). Interpretation is developed as the researcher is interviewing, writing and analyzing the texts.

- **Data Handling Procedures**

Confidentiality will be protected to the best of the researcher's ability by storing any data that could identify the participant, such as, letters, e-mail, voice recordings, etc, in a locked file cabinet in the lead researcher's office. Interviews will be audio recorded and later transcribed by the researcher and a professional transcriptionist. The transcriptionist that is being used has worked with other researchers conducting qualitative interviews, she is aware of the confidentiality of participants, and will sign a confidentiality agreement. Numeric identifiers will be used for data collected to keep participant names private. Pseudonyms may be used instead of participant's real names. Participant voices will be recorded but will not be heard by anyone that is not directly involved in the research. Only the researcher and her research advisor/committee will have access to the data. Participants' names and institution will not be used in any part of published research documents or professional presentations. Use of anonymous direct quotes and anonymous audio clips may be used for publication and presentation. Audio recordings, transcribed interview data, documents, and e-mail communications will be stored in a locked file cabinet in the researcher's office. Signed consent forms will be stored in the school of nursing for three years after the completion of this project. In addition, findings will be reported in aggregate so the participants will not be singled out or identified.

- **Risks, Discomforts and Benefits**

There are no perceived risks for participating in the study. Participation will require the use of the participant's time. It is anticipated that phone interviews may last from 30-90 minutes. However, participants may experience anxiety and discomfort while answering questions about one's feelings and experiences related accreditation standards and cultural diversity education. The benefits to participating in the research are: possible insights into feelings and knowledge of working as a nursing educator and how that related to cultural diversity education, knowing that they have been a part of the process of contributing to the field of knowledge related to diversity and healthcare, and the benefits that the findings of the study might bring to others.

- **Costs and Compensation**
Costs to the participants may include loss of time for personal and professional activities while they participate in the phone interview. No compensation will be given to participants in the study.
- **Grant Information**
This study will not be funded by any grant.
- **Documents**
Attached are copies of the informed consent document and study interview guide. Within the qualitative, interpretive phenomenological research method, this document is only a guide. The interview flow is based on participant responses.

Sample Questions:

- Tell me about a time, one that stands out to you, of what it means to teach cultural diversity education.
- Describe your experience in teaching cultural content to your nursing students using AACN's End-of-Program Cultural Competencies for Baccalaureate Nursing Education."

Prompts:

Prompts may be used to facilitate the interview and may include,

- "Tell me more about that experience."
- "I heard you say..., is that what you meant?"
- "Can you give me a for instance?"

Summary questions:

Summary questions may be used to conclude the interview, they could include:

- Is there anything else you want to tell me about your experience of teaching?
... Or about teaching cultural diversity education.
- Is there anything else you want to share with me before we close?
- I would like you to call / e-mail me if you think of anything you would like to add

After I have had a chance to review this information, I would like to call you back / e-mail to clarify any information gleaned from the interview

•

UNIVERSITY of NORTHERN COLORADO



Informed Consent for Participation in Research University of Northern Colorado

Project Title: Nursing Educators Experiences in Implementing AACN's
Accreditation Standards Related to Cultural Diversity Education.

Researcher: Molly K. Kuhle, MSN, RN, Department of Nursing
Phone Number: (563)588-6441
Researcher Advisor: Dr. Janice Hayes, Department of Nursing
Phone Number: (970)351-1690

You are invited to participate in a qualitative research study of nursing educators' experiences in implementing the American Association of Colleges of Nursing (AACN's) accreditation standards related to cultural diversity education. You were selected to be a participant because the university or college of nursing in which you teach is accredited by the Commission on Collegiate Nursing Education (CCNE). You were also selected because your school of nursing webpage stated that you teach cultural diversity, or that you have an interest in the topic. The purpose of this study is to explore nursing educators experiences with implementing AACN's accreditation standards related to cultural diversity education.

As a participant in the study you will be asked to answer questions in an interview format pertaining to your experience as a nursing educator and more specifically, your experience with implementing AACN's accreditation standards related to cultural diversity education. You will be asked about your experience as a nursing educator in implementing accreditation standards related to cultural diversity education through a phone interview with the lead researcher. These interviews will be recorded on an audio tape. You may also be asked to participate in follow-up interviews with the lead researcher. Data collection will take place via phone conversations and interviews. The lead researcher will interview you from her office at Clarke University in Dubuque, Iowa. The expected duration of participation in the study will be approximately three months. Time of participation may vary for each individual based on accessibility of researcher and participant. Sample questions that you may be asked as a

participant may include but are not limited to; "Tell me about a time, one that stands out to you, of what it means to teach cultural diversity education."

If you choose to participate in the study, your confidentiality will be protected to the best of the researcher's ability by storing any data that could identify you, the participant, such as, letters, e-mail, voice recordings, etc, in a locked file cabinet in the lead researcher's office. Participants will not be identified by name during the research process or later in any publishing of the research findings. Your voices will be recorded but will not be heard by anyone that is not directly involved in the research. The audio tape recordings of the interview will be destroyed three years after the completion of the study.

There are no perceived risks for you if you chose to participate in the study. However, you may experience anxiety and discomfort while answering questions about your feelings and experiences related accreditation standards and cultural diversity education. The benefits to participating in the research are an understanding of the experience of a nursing faculty member in regards to cultural diversity education in order to provide a better identification of the faculty perspective.

Please feel free to contact me or my research advisor with any questions or concerns you may have about your participation in this study, and please retain a copy of this letter for your records.

Researcher: Molly K. Kuhle, MSN, RN, Department of Nursing

Phone Number: (563)588-6441

Researcher Advisor: Dr. Janice Hayes, Department of Nursing

Phone Number: (970)351-1690

Sincerely,

Molly K. Kuhle

"Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Sponsored Programs and Academic Research Center, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1907."

Signature: _____ Date: _____

Signature of Investigator: _____ Date: _____

UNIVERSITY of
NORTHERN COLORADO
 Institutional Review Board (IRB)



April 22, 2011

TO: Maria Lahman
 Applied Statistics and Research Methods

FROM: The Office of Sponsored Programs

RE: Exempt Review of *Nursing Educator's Experiences in Implementing AACN's Accreditation*, submitted by Molly Frommelt Kuhle (Research Advisor: Janice Hayes)

The above proposal is being submitted to you for exemption review. When approved, return the proposal to Sherry May in the Office of Sponsored Programs.

I recommend approval.

 5-9-11
 Signature of Co-Chair Date

The above referenced prospectus has been reviewed for compliance with HHS guidelines for ethical principles in human subjects research. The decision of the Institutional Review Board is that the project is exempt from further review.

IT IS THE ADVISOR'S RESPONSIBILITY TO NOTIFY THE STUDENT OF THIS STATUS.

Comments: 5-2-11 sent email
 received reply 5-6-11

25 Kepner Hall ~ Campus Box #143
 Greeley, Colorado 80639
 Ph: 970.351.1907 ~ Fax: 970.351.1934

APPENDIX D

SAMPLE E-MAIL RECRUITMENT LETTER

Dr.....,

I am currently a PhD student at the University of Northern Colorado. I am working on my dissertation on, Nursing Educators Experiences in Implementing AACN's Standards Related to Cultural Diversity Education. I am hoping to interview nursing faculty about their experiences in teaching cultural diversity.

I was wondering if you would have any faculty who would be willing to assist me in my research. I would need to do a phone interview with them that may last from 30-60 minutes. I appreciate your attention in this matter.

If anyone is interested, or if you would like further information, please contact me with my information below.

Molly K. Kuhle, PhD(c), RN
Nursing Instructor
Clarke University
molly.kuhle@clarke.edu
(563) 588-6441

APPENDIX E

NOTES FROM TRANSCRIBED INTERVIEWS

Notes from Transcribed interview: (Pseudonyms have been used)

Abby.

- Taught course with a lot of cultural competency(CC) content (line 15)
- Used AACN for structure and guidance
- Found guidelines to be sleepy, boring, dry (line 26-28)
 - Dry, disengaged theory (line 157)
- Students got angry, why do they have to learn cc (line 39-46) (line 266)
 - Devaluing (line 129)
 - Why do we need to know these theories, what's the point (line 199-200)
- Since of stillness in the classroom (line 50)
- Students made some connections after clinical experience(line 79-83)
- Resistance from students (line 95) (line 228)
- Instructors emotion, Anger and Frustration (line 102)
 - Disillusionment (line 164)
 - Stumped and stuck (line 185)
 - Shock (line 234)

Sara.

- Sabbatical this past year, hard to remember standards exactly, has taught CC for a long time
- Both easy and hard to teach cc (line 13)
 - Hard to give real life examples (line 15)
 - If you have a basis of respect, cultural sensitivity (line 53)
 - Political correctness is that CC, more than that (line 59)
 - Political correctness gets in our way (line 92)
- Bring issues to the forefront, description of White people (line 75-85)
- Realization of things, put yourself in others shoes (line 101)
- Clinical sites, clients feeling ganged up one (line 130-135)
- Uganda program-good stepping points to conversation (line 154)
 - Safe way to start the conversation (178)
- Need to be nicer to each other (line 196)
 - Penalized for making mistakes (line 198)
 - Need to be more forgiving to each other (line 207)
 - Why can't patients teach you something (line 217)
- Upper, white middle class students
 - Feel a responsibility to have diverse patients (line 229-235)
 - Maybe be greater than some of my colleagues (line 232)

Leah

- Went to workshop on AACN CC, think cc are very impt (line 11)
 - Determined we should use more case based approach
- Story about hot and cold with patient
 - Nurse was very sensitive person, but sometimes we just miss (line 38-39)

- Uses cases studies, Spirit Catches you and you fall down, menu of assignments (line 43)
 - Story an African American family, movies
- Big challenge, wanting students to have more of an affective component by connecting (line 75-76)
- How do I change people's hearts? (line 156) Politically conservative students
- (white privilege), conservation, blameful (line 164) (line 233)
 - How to really understand, looking for these moments (line 168)
 - Example of Unfinished Conversation racism in America (line 176)
 - NBB, horrible presentation, terrible (line 187)
 - Other students evals what they learned (line 194-197)
- Vulnerable populations
 - Story (line 199-219) who is vulnerable
- AACN CC
 - A little pie in the sky
 - Helpful if theory were not standing alone (line 253)
 - Should integrate CC
 - Feels like she ends up being the advocate for CC, like it's a PH thing (line 273-277)

Alex

- Revised learning outcomes for BSN program based on AACN, wanted to include cc in almost every course (line 8)
 - Would feel more comfortable if we found a better way to thread cc in curriculum (line 20)
 - Used toolkit (line 84)
 - Panel of speakers (line 95)
 - Feels guilty she hasn't used it more (line 151)
- Racism issues (line 27)
 - Connect btw what we are doing in education and what practicing nurses are doing (line 43-47)
 - We aren't there yet with CC
 - Disconnect btw theory, education and practice (line 116-118)
 - Nurses harbor racist attitudes (line 126-129)
- Student example, why do we have to learn all of this stuff (line 38)
 - Eye rolling, here we go again (line 48-49)
 - Eye opening (line 62-64)
- Faculty
 - Frustrating but also challenging (line 59)
 - Validation that what we do does help (line 65)

Cindy (some info from my notes as transcriptionist could not make out)

- Use AACN in course as a guide (line 40) also TCNS core curriculum
- CC is essential, imperative to nursing education (line 76)
- Students enthusiastic
 - Use reflexive journals, work with interpreters (line 93)

- Not aware of own prejudices (line 94)
- Reflective paper comments-changed them, difficult, language barrier leads to disparities
- Frustration- only minority nursing faculty (line 125)
 - Resistance to teach- all faculty say they believe cc is an imp't part of care, when it comes to curriculum design they do not want a singular course on curriculum, to many other more important topics like med surge
 - Faculty don't have experience, expertise, should be training, co-teaching (line 130)
 - Frustrating and challenging (line 168)
- Content should be included, should follow AACN (line 178)

Mary

- Familiar with competencies and toolkit, experience in CH undergrad, PhD in transcultural nursing (line 19)
 - each student had to work with vulnerable population (line 34)
 - Work with refugee women (line 53)
 - Felt like physician did not allow time for interpreter, weren't listened to (line 87-90)
- Student reactions
 - Felt like her education was up to this point egocentric (line 94-95) (line 103-108)
 - Students agitated and defensive in classroom exercise (line 140)
- Faculty
 - Need to make a safe environment (line 136)
 - Have students go where there are no nurses (line 165)
 - Cannot get faculty to come on board with cc (line 217-221)
 - Faculty don't think it is imp't, don't know what they don't know (line 246-249)

July 17th

Megan :

- uses theory, cultural articles, wants them (students) to start to recognize that I never really thought about that, or I was really narrow in my thinking (line 16-19)
- not going to give students a shopping list of things to do, that is the wrong approach, "I am very direct about that" (line 28-32)
- Also teaches global health, new nursing program students in their 3 yr, do an immersion experience to Zambia (line 56)
- Tells students to not make assumptions (line 234)
- Students
 - Students have said, "I never thought of myself as a racist before, but maybe I am" (line 79-81)
 - It's not like we are trying to make them feel guilty
 - Students start to address their own assumptions, those dinner table conversations (line 87)
- Zambia

- It is a requirement that all students go, “that was deliberate on my part” (line 93)
- Not the same kind of learning to go to the south side of the city as it is to do an immersion
- “I think it tends to be more patronizing when you just go to the other side of the tracks, you come back to your comfort zone. There’s no real transformation” (line 96-98)
- Students had life changing experiences, “I was so hung up on technology.....going to focus on relationships more (line 118-121)
- Cultural competency education
 - Needs to be infused throughout curriculum (line 160)
 - Needs to be an on-going conversation
 - There is frank racism (line 170) people may not admit it, but there is
- AACN competencies
 - Seemed a little cookbook like (line 190)
 - I think they were left in there because people did not want to get rid of them (line 192)
 - A little bit left over from the anthropology days (line 196)
 - So many details that are just not valuable to learn because it really depends on what the persons individual experience is (line 217)

Julie:

- Two roles, teachers and transcultural clinician
- Teaches a lot about poverty and homelessness
- Uses poems, YouTube videos for teaching
- Writes a weekly newsletter on culture
- Experience of speaker on “remove the blindfolds of the burka”
 - Students said, I never thought about that, I realize I was being judgmental
 - It challenges students to think beyond their social structures (line 114-120)
- Social comfort circle (line 128-132)
 - Lets challenge that circle
 - Where do those judgments come from, what validates that
 - Meeting different people, does that widen your circle?
 - Discussions, have students challenge those stereotypes (line 155)
- Faculty
 - Very rewarding teaching CH and CC.
 - I am passionate
 - I am very committed
 - Taking students out of their comfort zone, I am right here with you (line 185)
- CC
 - Should be in the curriculum, it should be intentional in the curriculum (line 215)
 - We need to get over our own biases and prejudices or nursing is not going to change for the better (217)

- There is a lot of gray area, culture is everywhere, is in every day, we need to hold our head up and say we need to look for these things (line 226-227)

Lisa:

- Teaches mental health nursing and cc
- Difficult- you are dealing with students unfamiliarity with mental health and then also how does culture influence this (line 10-14)
- Brings in family members to discuss culture and mental illness
- AACN competencies
 - Like 1000 pages
 - Find it difficult, hard to follow for students
 - Do use toolkit (Line 63)
- Experience that stands out
 - Working with orthodox Jews
 - Need to find a way to make cultural rituals work for the patient (line 90)
- Students
 - Come into these programs with a very narrow focus, papers, tests, etc. aren't always willing to expose themselves in different ways, or to things that make them uncomfortable (line 111-112)
 - Fear insulting teacher in describing her (line 167), it is a struggle for them, hard for them to say, AA teacher, etc (line 171)
 - Fear of offending someone (line 180-184)
 - Am I going to get in trouble for this? Afraid of saying racial slur, etc
- CC
 - Should be incorporated into the freshmen year of any college of any program (line 124)
 - Should be incorporated into all student learning
 - Should incorporate it into a very basic level, so it's not something specific they have to learn (140)

Beth :

- Talk about culture in freshmen and senior year
- Have them interview someone of another culture
- Uses case studies, text books etc
- Something that stands out
 - Students from Nambia
 - Very open to discussing her family and life
 - Students heard about female mutilation (line 101)
 - Got a lot of students talking
- Try to stay away from specifics, keep it more general (line 115)
- CC
 - Had curriculum meeting when AACN competencies came out
 - Faculty agreed that they were covered for the most part
 - Faculty favorable about it
 - Said there's not enough time, certainly not enough time for a separate course (line 212)

Tara :

- Taught CH, elective on transcultural healthcare, course on taking students to Guatemala
- Used context guidelines based on CCNE
- Students think about culture in terms of language (line 24), most concerned because this is the most challenging thing for them
- Help them to realize cultural care is a lot more than just language (line 32-35)
- Talks about process of assessment need to think about diet, income, gender etc. Helps them with other cultures not just Guatemala (line 76-80)
- Students felt empowered, own competence increased (line 79)
- Empowerment came from exercise on assessment and immersion to Guatemala
- Experience that stands out
- Guatemala
 - Cultural care about more than just language (line 32)
 - Pt example, medical care first? (line 110-184)
 - Patient as a participant of care (line 161-165)
 - Guatemala, child fell out of a 2 story building
 - Students thinking he has to go to the hospital
 - Students said that anything she might believe culturally should come after the fact that he needs something medically (line 119-120)
 - Students saying, but they came to us for help. That in itself does not mean you have a trusting relationship, you have to earn that (172-174)
- Interpretations, language (line 270-271)
- Varying level of cc in settings (line 274) (line 280-283)
- Patient should feel empowered (line 291) (line 307-311)
- Line 328-330, helping someone come to the point of understanding is a whole different thing.

Kate:

- Works in an institution that values immersion, primary way of teaching cc is to experience diversity (line 24)
- Diversity of students since there is an intentional focus on diversity, lends to a classroom with ethnic and diverse opinions (line 29-30)
- AACN- uses cases studies, books, discussion, immersion
- Teaches CH, intentionality comes through in understanding community (line 41-42)
- Students experiences with immersion
 - Namibia- experience is so intense, they “hit the wall” (65-66)
 - A breaking point where students are stretched as far as they are willing to go in their zone of being uncomfortable (66-68)
- Experience that stand out
 - It’s the experience of diversity, most powerful and transformational experience people can have (129-130)
 - Students go with the intention to learn and grow (line 131)
 - Most transformational and profound way of learning because you internalize it (line 134)
- Faculty (her)

- Most challenging and rewarding experiences
- Takes a lot of attention to also be a participant and learn along with the students (line 140-142)
- It takes a certain amount of courage and openness and willingness to be able to enter in the process of learning in a culturally diverse manner and to intentionally invite that into the discussion.....(line 185-189)
- It takes courage to step out of any comfort zone that is more familiar (194)
- To be able to uphold and invite different opinions and perspectives and hold and contain a very respectful conversation and then finding the similarities that we all share (207-209)
- The opportunity to learn is incredible. It's endless. It's kind of like a horizon. Because you absolutely have to open your mind and your heart, I believe, to teach in the realm of cultural content(line 239-241)

Laura:

- Use CC in adult health, gerontology, transcultural course
- Talk about health disparities which I think is something students don't really get a lot in school and are pretty resistant to (line 31-33)
- Scholarly commentary is valuable, but wants to ensure students understand that everything I present is evidence based.
- AACN Competencies
 - Which came first, the chicken or the egg
 - Pretty familiar with them
 - I found them, I used them, reflects the idea that I agree with them and feel that they make sense (77-79)
- Reflection on nursing 101 course
 - Students don't believe people receive different care based on their race (line 89)
 - Student who was a loss to this course, came in late, left early, her evaluation
 - I am really going to miss your class, I look forward to it (98-106)
 - Willingly brought these topics to the surface and discussed them freely
 - Makes me proud because this faculty is a people's advocate
 - It says she see no race, size, religion.....
 - People become much more defensive about racism and healthcare, (from the South)
 - We have culpability, we have negligence, most imp't thing is to admit that we are not perfect human beings.....(line 118-122)
- Faculty
 - Tell stories, but stories are my opinion, need to be scientific, cite research articles. Students need to know I am not just pulling these out of my hat. (140-145)
 - Story of two patients with same kind of cancer being treated for pain differently (150-154)
- Time that stands out

- Making students angry and allowing them to sit up and take notice even though it may be uncomfortable as a teacher (line 160-162)
- I want students to be angry, you should be angry about racial disparities (line 163)
- Making students aware and uncomfortable is a goal (line 169)
- Learning how to turn that around, bring students back when they are angry (181)
- Defensiveness- nursing is a personal thing. You are telling someone that they have these deficits, you are a racist. (203-2040)
- I think this is a very imp't issue, think it doesn't get taught because or listened to is a comfort issue.
- Teaching CC, its more work, it's not easy, it's a pain, (line 295)
- I don't want to beat people up with it. That's not my intention, but we only become better when we look in the mirror and we get feedback from the environment (line 273-275)
- You're going to need a lot of knowledge, and that's what this is. No one is pointing a finger her, no one is accusing. We are trying to make you better at what you are (line 283-285)

Allison:

- Started working prior to competencies coming out, feels she has a lot of background with materials
- Went through and looked at curriculum based on competencies, boosted some of those things up. Least amt of information we had was on theory (line 38-42)
Used more case studies (line 105)
- Have students reflect on uncomfortable situations. In my belief 9 times out of 10 if you're having some sort of conflict with a patient or family, it's a cultural difference. (line 58-60)
- Experience that stands out
 - Not one in particular, tries to play off students experiences, interject some of my own.
 - Students work with interpreters (line 118)
- Biggest frustration
 - Most faculty feel like they are teaching it when they are going back to what is the difference between AA and Asians, etc, they're stuck at the knowledge level rather than making it pull up to the skill level (line 129-132)
 - Students need to take the knowledge and apply it
 - A lot faculty have not had graduate education in CC and they teach as they were taught and they are stuck back with that knowledge. May not have skills needed (line 150-158)
- CC
 - Real advantage to having it integrated into the curriculum, students having it over and over again (line 185)
 - Students have course on national and international diversity, plays into this globalization piece.

Patty:

- Taught in CH undergrad, and in graduate program, transcultural course to undergrads as an elective
- Exposure to cultural is important. Do this in CH on home visits, work with an interpreter(81)
- When students work with children from a different culture it is easier (line 79-80)
 - I think it's the attitude that everybody has for children to be more accepting (90)
- Time that stands out
 - Student working the ER. Patient MA did not want medication to alter her mind. Student nurse and physician talked in hallway, doctor was impressed that students was knowledgeable about cultural issue
- Describes experience with using BAFA BAFA game
 - What something looks like to us if often not happening
 - Talks a lot about the nurse physician relationship and how her university values the med students more (232-235)
 - Students not wanting to be the paternalistic culture for the game, because they are getting it at work
- You could have a lot of experience with a certain culture and still not provide culturally sensitive care (line 282)
- One student who said, I don't want to do this, this is stupid. You do not have to do what they do; you have to know what they do. (line 286-289)
- We need to understand how they see the world so we can have effective patient education (line 307)